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ABSTRACT

This final report describes a federally-funded project that was designed to provide a model for service delivery to severely physically involved infants and their families living in the highly rural area of West Alabama. The project developed and refined an eclectic treatment approach known as Developmental Physical Management Techniques (DPMT). Pre-service and in-service training in this technique was provided to 207 individuals in programs receiving services from the project, as well as to approximately 242 students enrolled at the University of Alabama from 1974-1977. Parents of 187 physically involved children also attended training sessions in DPMT with an emphasis on management in the home. The project provided direct and supplementary services to 53 severely involved preschool children and their families at its center, located on the campus of the University of Alabama. Additionally, assistance and consultation was provided to 15 school systems and 16 child care centers in Alabama, and 2 school systems and 9 child care centers in Mississippi and Arkansas. This report provides an overview of each of the program's components; discusses its goals, activities, and evaluation methods; and reviews its major accomplishments. Eleven appendixes include materials relating to the following topics: flow chart of demonstration model; parent workshops; staff training; consultants; advisory board; library; rise developmental checklist; rise curriculum sample; overview of services; summary of needs; and current status of replication sites. (SG)

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ED 470 383

HANDICAPPED CHILDREN'S EARLY EDUCATION PROGRAM

P. L. 91-230 Title VI Part C

PROGRESS REPORT

July 1, 1974 to June 30, 1977

GRANT NUMBER: OEG 0-74-2721

RURAL INFANT STIMULATION ENVIRONMENT

R I S E

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University, Alabama 35486

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EC 309259

U.S. DEPARTMENT OF EDUCATION
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I. OVERVIEW

In an attempt to meet the needs of the severely physically involved infants and their families living in the highly rural area of West Alabama, the Rural Infant Stimulation Environment (RISE) received initial funding in 1974. During the last 3 years a total of 53 severely physically involved preschool children and their families were provided direct and supplementary services at the center located on the campus of The University of Alabama. Additionally, during the past 3 years the RISE staff has provided assistance and consultation to 15 school systems and 16 child care centers in the State of Alabama and 2 school systems and 9 child care centers in Mississippi and Arkansas. A total of 444 children were assessed and provided with individual program plans.

Pre-service and in-service training was provided to 207 individuals in Developmental Physical Management Techniques (DPMT) in projects receiving services from RISE. An estimated 242 students enrolled at The University have received pre-service training in DPMT involving three hours per week throughout the semester. These students include special education students majoring in multidisabilities, physical education majors, nursing students, and students enrolled in social work. An additional 42 students have completed student teaching assignments and Master's internships in DPMT and the RISE model. At least 187 parents of the physically involved from Alabama and surrounding states have attended training sessions in DPMT with emphasis on management in the home.

The original proposal specified service primarily to ten (10) counties located in West Alabama. However, outreach assistance has consistently been extended to the entire state of Alabama.

A major goal during the past 3 years has been the development and refinement of a unique model to deal with the problems presented by severely physically involved infants. The RISE project has selected an eclectic approach to the treatment of the severely physically involved infant. This component of the RISE project is known as Developmental Physical Management Techniques (DPMT). DPMT is best utilized with children who present cerebral palsy and spina bifida with their associated disorders.

Typically, cerebral palsy infants with multiple disabilities present three major problems: abnormal muscle tone (spasticity; flaccidity), residual basic reflexes and general developmental delay. The thrust of DPMT is to decrease or normalize the existing abnormal muscle tone, to integrate the primitive reflexes thereby allowing the higher level righting and equilibrium reactions to surface, and to encourage general sensory-motor development. Parents and primary care personnel are taught and encouraged to carry and position the child according to his/her particular needs. It is emphasized that the children not be left to assume abnormal, asymmetrical positions or movement patterns that may lead to contractures or other abnormalities.

The parent trainer and itinerant teacher devised plans and methods to assist the parents and other primary child care persons to cope with the child's handicapping condition in the home. After the child's home treatment program has been formulated the itinerant teacher had the primary responsibility of implementing the treatment objectives. The consultant specialists merely provide support and advice during the implementation phase.

The parent trainer and itinerant teacher's major function is to assist the parent. Parental attitudes toward the child and participation in the program are assessed. This information is utilized by the parent interventionist to identify problems and assist the parents in their

solution. Continuous support and follow-up is provided for each child served by RISE. The RISE staff has established contact with the various school systems and public agencies in the West Alabama area. In the event the child is placed elsewhere, RISE will provide the agency with the child's assessment results and current training program.

The RISE project provides an excellent center to train professionals and para-professionals working with the severely physically handicapped infant. Teams have been established to travel to centers in the state of Alabama to assess staff needs and develop training programs. Additionally, students from The University of Alabama receive pre-service training at the RISE facility.

To support this approach an assessment/curriculum package has been developed. The total assessment/curriculum package addresses the needs of the severely physically involved children in the following areas: gross motor development, fine motor development, reflex development, speech and language development, cognition, social-emotional growth, and self-help skill development. The assessment is in the form of a developmental checklist. Model lesson plans with suggested training activities will support each checklist item. Additionally, the concept and theoretical basis of DPMT was explained. A manual regarding equipment usage and construction utilized in DPMT has been developed. Further, a language handbook for parents and professionals is a part of the total package. Further information concerning RISE materials is provided later in this report.

OVERVIEW OF MODEL DEMONSTRATION/SERVICE COMPONENT

RISE is a daycare program designed to meet the needs of multi-disabled infants from 0 to 3 years living in a sparsely populated rural area. RISE is designed to serve severely multi-disabled infants defined as those who

exhibit in combination two or more handicapping conditions, such as mental retardation, cerebral palsy, spina bifida and sensory impairment. Primary emphasis is with those infants who are affected with cerebral palsy and spina bifida.

It is the intention of RISE to provide (1) diagnostic assessments; (2) treatment and therapeutic programs; (3) counseling services to the child's family; (4) training of parents to cope with the handicapping condition within the home; (5) continuous support and follow-up on each child; and (6) training of professionals and para-professionals who deliver services to the multi-disabled infant. (See flow-chart, Appendix A.)

Diagnostic assessments are conducted by a team of specialists consisting of a physical therapist, an occupational therapist, a parent interventionist, a language specialist and an educator. In addition, consultations with members of various medical specialties are utilized to formulate a diagnostic impression. These assessments are used to provide a starting point for training. Every six months each child is reassessed and staffed by the total team. The RISE staff prepared a total assessment tool as a basis of the RISE curriculum. Lesson plans were developed for each checklist item. The total package has been disseminated to all replication sites, all BEH First Chance Projects and other centers requesting this information.

As a result of the total assessment, treatment plans are developed for each child receiving the services of RISE. Plans to treat the child's gross and fine motor deficits are formulated by the consulting physical therapist and occupational therapist. Program designs for treatment of language and cognitive deficits are prepared by the language specialist. Social/self-help skills programs are developed by the child's teacher.

II. MAJOR GOALS AT ONSET OF PROJECT

Based upon recognized needs The University of Alabama, Area of Special Education, Program of MultiDisabilities sought funding to provide a model for service delivery to the multi-disabled child in the spring of 1974. The following major goals were set forth at that time.

1) Provision of early intervention for the multi-disabled child birth to three years of age
2) Provision of day treatment services for the target population
3) Provision of a program of parental involvement
   a. Awareness
   b. Counseling
   c. Training
4) Development and refinement of a unique treatment approach to treat and/or prevent deformities
5) Development of an assessment tool for the target population that appropriately specifies their needs
6) Development of a curriculum designed specifically for the target population
7) Dissemination of information and materials to professional groups and the general public
8) Development of classroom management techniques for the teacher of the multi-disabled child
9) Training both in-service and pre-service of professionals and para-professionals to deliver services to the multi-disabled child

10) Replication of the demonstration model in child care centers throughout the state of Alabama.

As the project progressed these goals evolved into specific tasks for the staff to acomplish. This process involved staff in the study of a myriad of materials, methods, and countless hours of working directly with children and their parents.

III. PERSONNEL

The RISE Project initially utilized seven staff members consisting of the following: director, parent interventioner, evaluator, teacher, teacher's aide, secretary, and bus driver. Child find activities and classroom needs indicated that additional personnel would be crucial for continuation and growth of the model demonstration project. This necessitated the employment of a language specialist, an itinerant teacher, an additional teacher and teacher aide and various physical therapy consultants for the second project year. With the emphasis on replication during the final project year, the itinerant teacher assumed the function of replication coordinator. Project evaluation was accomplished by a part-time evaluator and evaluation consultant.

Project personnel were utilized in a variety of roles. The demands of curriculum development, assessment techniques, and dissemination of information, and training at replication necessitated this multiple utilization of staff.

In addition to the use of staff employed directly by the project personnel from a DDSA funded project were utilized in the fulfillment of project objectives. Major input provided was in the following areas: case finding, dissemination of information, product development and production, administrative assistance, and supervision.

IV. FACILITIES

The RISE Project was temporarily located at 14 Thomas Circle July 1, 1974 - February 14, 1975. The facility at 306 Thomas Street was renovated during this period. Renovations included the installation of three observation windows, three air conditioners, and indoor/outdoor carpeting. Cabinet and storage space was constructed and bathroom facilities were adapted for usage by young children. The facility initially consisted of the following areas: one large classroom accomodating sensory-motor activities; three testing areas, a sleeping room, a conference room, a kitchen, a children's bathroom, a laundry area and an annex was utilized for office space.

The addition of a classroom for spina bifida children necessitated that additional renovations be completed prior to the second year funding period. The testing room partitions were removed, creating a large area for sleeping. The original sleeping room became the classroom for the children with spina bifida. In order to make the facility more attractive, material was purchased after the parents agreed to make draperies. Paint was purchased enabling the staff and parents to jointly paint the interior of the building. Screening and outdoor carpeting was secured for renovations of the porch area. This renovation was completed by the parents enabling the infants access to covered outdoor play. Various pieces of outdoor equipment were purchased and assembled. Wiring of the building was adjusted to accomodate an air conditioner for the sleeping room and the TV rover system.

V. EQUIPMENT

In order to provide maximum services to the RISE participants, various pieces of equipment were purchased. A TV rover system was purchased and utilized in various capacities. Sensory-motor assessments were video taped for comparison studies and classroom activities were video taped for instructional purposes. Various consultants were taped while working with the children for later use by the staff.

Observation windows were necessary for viewing the demonstration model with little disruption. Air conditioners were purchased in order to provide services twelve months in a comfortable environment for children and staff.

In order to accommodate the needs of the secretary, an IBM typewriter was purchased. Other pieces of equipment such as record players and tape recorders were purchased to enhance classroom activities.

During the second project year, 2 slide/tape shows were produced by the RISE staff. The slide/tape topics included an orientation to RISE and equipment needed for the implementation of Developmental Physical Management Techniques. The production of these slide shows necessitated the procurement of additional audio-visual equipment. Equipment purchased included two slide projectors, an AV 33 dissolve unit and a Wollensack Cassette System.

During the third project year two additional slide/tape shows were produced. One of these slide/tape shows detailed the replication process; the other one consisted of appealing slide of the children arranged to a musical score.

In using the preceding purchased equipment, various supplies were

needed. Video tapes, cassettes, records, etc. were an ongoing expense each year and had to be considered when preparing the annual budget.

VI. IDENTIFICATION

Case finding and identification of children in need of services began in August, 1973, by personnel employed by a DDSA funded project. A field liaison system was in progress whose multi-purpose was the location of children in need of services, referral and information processing. During this period contacts were established in county Departments of Pensions and Security, State Crippled Children's Service, the Family Practice Center, local physicians, and other interested agencies and organizations. As a result of these contacts the project has been able to obtain timely referrals that have led to the earliest intervention possible.

Initial contact was made by the parent trainer. Normally the parent trainer conducted a home visit to secure the intake information. Intake information included family history, medical history, dietary intake, current child handling techniques, behavior management methods, and transportation requirements. At this time the project goals and available services were explained to the parents. Additionally, parental involvement requirements were defined for the parents.

After the intake interview formal assessments by the developmental therapist, speech and language therapist and special educators are provided. Based on these assessments the staff would meet and determine the child's needs and make an initial placement. Subsequently an individualized program plan is prepared by the staff in conjunction with the child's parents and other professionals who may be involved. Additionally, home programs are prepared for use by parents and other primary child care persons.

VII. TRANSPORTATION

Many of the infants identified for enrollment in the RISE Project lacked transportation to and from the center. A van was leased from The University of Alabama and transportation was provided for the three year period. The van had to be specially equipped with baby seats to ensure the safe delivery of the infants. The van was used to transport children periodically to the physical education facility on the University campus. The van was also utilized to transport children on field trips to various points of interest.

Often the infants were required to attend various clinics (hearing, visual, orthopedic, etc.). The RISE staff felt their presence during these appointments provided necessary support and counsel to the parents and the child. Transportation was provided to the families in need.

VIII. SERVICES TO INFANTS

The RISE project consists of two classrooms that serve the multi-disabled child, ages birth to 3 years, from a 10 county rural area in West Alabama. Referrals are received from many different sources. One of the major responsibilities of the parent trainer has been the coordination of information regarding potential participants in the RISE program. Physicians, particularly pediatricians in the area, have become familiar with services provided by the RISE project. They often refer children to RISE for assessments in the areas of physical development, speech and hearing, and cognitive and language development at the earliest indication of a possible problem. The staff maintains close contact with the child's physician during his/her enrollment in the RISE program. In addition to direct referrals from local physicians, doctors associated with high-risk nurseries in hospitals in the 10 county area provide RISE with information concerning newborns who may benefit from services which RISE offers. Another major source of referrals is the county Department of Pensions and Security. Social workers consult with the parent trainer to arrange initial assessments and provide transportation if necessary. The social worker frequently accompanies parent and child to the RISE facility for the initial assessment and assists in providing pertinent information about the child's development. Referrals are also received from a concerned family member, parent, friend or any interested individual. After the initial assessments, a child may be referred by the RISE staff to a more suitable program, such as to the Speech and Hearing Clinic or a program for the mentally retarded. In turn, RISE

accepts referrals from other such programs. A close working relationship is maintained with other programs in the area who serve children with a variety of disabilities.

After the initial referral is made, the parent trainer schedules in-depth assessments provided by the occupational therapist, physical therapist, and the speech and language specialist. The physical therapist and occupational therapist utilize the Milani-Comparetti Reflex Test, the Reflex Testing Methods for Evaluating C.N.S. Development (Fiorentino), and an assessment based on the techniques of Margaret Rood. Also used is a reflex integration checklist developed by the RISE staff. The speech and language specialist employs a variety of instruments to assess speech and language and is responsible for arranging hearing evaluations. (See Language Section.)

The teacher and parent trainer also participate in the assessment. The parent, who is present, provides background information on the child's growth and development which is helpful to staff in forming a total picture of the child. Each initial assessment, as well as future periodic assessments, is video-taped to serve as a photographic record and also to be used for instructional purposes. After this assessment, a staffing is held in which each staff member provides input to determine whether or not the RISE program can meet his/her needs effectively. If not, attempts are made to place the child in a more suitable program.

Upon entry to the RISE program, the staff administers the RISE checklist covering the following areas: gross motor skills; fine motor skills; self-help skills; language skills, both receptive and expressive; cognitive skills; social skills and reflexes. In developing this checklist, the RISE

staff drew from many authoritative sources to create a practical and effective means of assessment. Each child is then regularly reassessed on his birthday and at his 6 month birthday using this checklist.

From the information obtained by the teacher, physical therapist, occupational therapist, speech and language specialist, and parent trainer, a complete and individual program plan is designed for each child, based on his particular strengths and weaknesses. A minimum of three behavioral goals in each of the areas of cognitive skills, receptive and expressive language skills, social skills, self-help skills, and gross and fine motor skills are chosen for the child. These goals are drawn directly from items on the checklist which reflect a need for intervention.

Each behavioral goal is broken down by a task analysis, thereby allowing for a more detailed description of each child's progress toward the desired goal. Activities used as vehicles for moving toward the stated goals are written in detail and displayed so that teacher, students and other professionals working with the child may have a more complete understanding of the child's individualized program The individual program plans are used by the staff in executing daily activities, as well as for semi-weekly progress notes. New objectives for each child are planned as previous ones are mastered.

To integrate each individual program plan into the daily schedule of activities, a Daily Lesson Plan Chart is on display in each of the classrooms. Specific time is set aside for emphasizing all seven areas. Goals for each child within each area are posted in the classroom to facilitate comprehensive teaching during the day. Corresponding activities for each goal are described in the child's individual program plan, which is available to those working with the children.

The two classes located at RISE can serve a total of 14 children. In one class there are eight children diagnosed by a physician as either developmental motor delay or cerebral palsy. The other class consists of three children with spina bifida and one who suffered a stroke as an infant. Consequently, program plans differ between the two classes as well as within each class.

The children in the cerebral palsy/developmental motor delay class arrive at 8:30 a.m., and leave at 2:30 p.m., Monday through Friday. Their daily schedules consist of activities encompassing all seven areas previously described:

8:30 - 9:15	Cognitive Skills
9:15 - 10:30	Motor Activities
10:30 - 10:45	Language Skills
10:45 - 11:00	Oral Stimulation
11:00 - 12:00	Lunch
12:00 - 12:30	Self-help Skills - Clean Up
12:30 - 1:00	Nap/Rest as indicated by child's needs
1:00 - 1:30	Self-Help Skills
1:30 - 2:30	Language/Social Skills

Activities are planned to be carried out at appropriate times of the day to facilitate learning. For example, self-help skills such as eating are emphasized during the lunch hour. Although various times of the day are ear-marked for certain individual activities, the integration of several skills is encouraged. For example, while the child is working on cognitive skills, he is always therapeutically positioned.

Upon arrival at the RISE project the child is given individual attention for the development of cognitive skills, such as the concept "into"

and "out of" by encouraging him/her to place blocks in and out of a box, or encouraging him/her to follow a vanishing object. At this time the child may be positioned prone on the floor, working on head control or may be sitting in a flexion chair, to prevent total body extension and encouraged to reach out for a colorful toy.

Motor activities follow the Developmental Physical Management Technique Program, the sequence of which is extremely important in encouraging normal development. A technique known as rotation whereby the child's trunk and hips are gently twisted back and forth to break up midline spasticity is used early in the day and throughout the day when needed to relax the muscles. Rotation provides an excellent means for encouraging language development by naming body parts for the child, and encouraging him to imitate the names of the body parts being manipulated.

Vestibular stimulating exercises are done using the vestibular board. The vestibular board is a rectangular board with rockers which allows the child to be tilted back and forth, thus encouraging righting reactions, protective extension patterns, as well as vestibular stimulation. Additionally, vestibular stimulation is provided in a variety of ways.

Inversion follows vestibular stimulation. The child is inverted, prone, over a cage ball, the teacher's lap or an inversion board, and encouraged to lift and right his head when tilted to either side. While in this position the child may be working on socialization, language or cognitive skills, such as making gross motor and facial imitations in a mirror, or imitation of vowel sounds and consonant-vowel combinations.

Cocontraction exercises serve to develop a balance in muscle groups. The child is positioned so that opposing muscles in the neck, trunk and

hips are contracted. This, again, is a time when language, cognitive, social and fine motor skills may be integrated.

The vestibular stimulation, inversion and cocontraction sequence are followed repeatedly throughout each day, using the previously mentioned equipment. Throughout the day some of the children wear platform shoes which are individually made so as to remove pressure from the balls of the feet, thereby discouraging a total extension pattern. Periodically throughout the day the children are positioned on the prone board or in a floor sitter for various cognitive, language, social and fine motor skills. The prone board supports the child in a standing position before a table, so he may use the table for manipulating puzzles or other learning toys. The shoes for the prone board are similar to the platform shoes he may wear all day. For those children who do not have enough head and trunk control to be positioned in the prone board, there are floor sitters for them to sit in. These consist of a small tray-like table and a wooden up-right chair with no legs. Their positioning encourages the child to use postural muscles while engaging in a language, cognitive, social, self-help, or fine motor activities.

Self-help skills in the areas of dressing, toileting, washing and drying, eating and drinking are emphasized at appropriate times during the day. Upon arrival at school the children are encouraged to cooperate in dressing when removing their coats. Later dressing is emphasized again before and after going to the toilet. Hand washing and drying immediately follow toileting. The children are encouraged to independently place their hands on a towel. Eating and drinking independently are goals emphasized during the lunch hour. The children are encouraged to pick up the spoon, move the food to the mouth and hold and drink from a cup. Self-help trays with sections

for comb, brush and mirror, washcloth and towel, soap, cup, toothbrush and toothbrush were made for each child. Toileting and dressing skills are taught again after naptime.

Often the two classes are combined in the afternoon for language and social group activities such as listening to a story, finger painting or field trips. The children have gone to choose a pumpkin for Halloween, which was followed by a language activity emphasizing facial features during the carving. Other outings included a picnic to a nearby park and a trip to the ice cream store. Trips such as these are instrumental in teaching specific sensory skills such as touch, taste, sight, hearing and smell, as well as broadening their horizons for more language development.

The spina bifida class follows a schedule similar to that of the cerebral palsy/developmental motor delay class. A sample day follows:

8:30 - 9:00 Welcome; free play

9:00 - 9:30 Motor activities

9:30 - 9:45 Juice; self-help activities

9:45 - 10:30 Cognitive activities

10:30 - 10:45 Group time; language

10:45 - 11:00 Preparation for lunch.

11:00 - 12:00 Lunch; clean-up

12:00 - 12:30 Self-help activities

12:30 - 1:00 Nap/rest as indicated by child's needs

1:00 - 1:15 Juice; self-help activities

1:15 - 1:45 Motor activities

1:45 - 2:00 Language activity

2:00 - 2:30 Free play; prepare to go home

During the entire day, many different goals are worked toward simultaneously. As the children arrive, a time for social interaction is provided. Self-help skills are being improved as the child learns to remove his own coat and hat, and much language stimulation is given at this time. Many toys and activities are provided that encourage the development of language, fine motor and cognitive skills, such as books, puzzles, puppets and manipulative toys. Children are encouraged to initiate their own activity and to interact with other children and staff members.

Techniques for improving motor skills are geared toward developing independence in sitting, standing, and mobility. Equipment such as the vestibular board and Tip-N-Rok are used to develop equilibrium protective extension, and righting reactions. Rubbing the child with different textures in order to stimulate circulation and desensitize the skin before placing him in braces also provides time for language and cognitive activities such as naming and locating body parts. A major goal of the motor area of the program is to develop a method of mobility for each child with spina bifida whether it be pulling across the floor in a prone position, using a scooter board, or walking in long-leg braces with the assistance of a walker. Parallel bars are often used when the child has first progressed to moving about in an upright position. Children are placed in their long-leg braces or parapodium if they have reached this stage of development. Often the child stands on the prone board or at a low table and cognitive and fine motor activities are carried out. This standing position improves bone growth and density and the development of bodily functions such as respiration, digestion, elimination, and circulation.

Providing liquids is not only important in the nutritional and physical management of the spina bifida child, but also offers a natural opportunity for improving self-help abilities. Social interaction is also encouraged at this time.

Cognitive activities are frequently carried out when the child is positioned in a certain way, such as standing in long-leg braces on the prone board, prone on a wedge to encourage head righting, or sitting with minimum support to strengthen the back. Cognitive goals are individualized, but often two or three children work together in a group. Some of the cognitive activities which children might be participating in are identifying pictures in a book, matching and naming colors, assembling a form board or puzzle, searching for a hidden object, water play, following directions which include language concepts, simple counting games, and coloring and painting.

A short group activity which emphasizes language development is included in each day. This activity might be simple games, songs, or a story.

During preparation for lunch and lunch itself, self-help skills are again emphasized. Each child is encouraged to take as much responsibility as possible for his own care. Lunchtime is an excellent time for socialization. Again after lunch and in preparation for nap the acquisition of self-help skills are of major importance.

The RISE project also serves as a training program for parents, professionals, paraprofessionals and students. Each parent is encouraged to spend a minimum of two hours per week at the program, learning the techniques used. The parent trainer and teachers work closely with parents in order to carry benefits of the program into the home and to obtain input from parents concerning their child's progress and program.

An aide is employed in each classroom. Under the supervision of the teacher, the aide assists in carrying out daily activities in all areas. They also assist in the training of students and visitors from other centers and classes. Students from The University of Alabama in the areas of special education, early childhood development, speech pathology, adaptive physical education and nursing spend time during the semester at the RISE project observing and participating in all aspects of the program.

The RISE project is also used in the orientation and training of staff of target centers. The methods, techniques, and equipment developed and used by the RISE staff are demonstrated and explained and the program serves as a model for target programs.

IX. PARENT SERVICES

We believe that most parents are very concerned about their children's growth and development. Emphasis is placed on the fact that parents' participation will add to the success of the handicapped child's program by providing a better climate and training for the child. The child can best fluorish when staff and parents work together for the accomplishment of common goals.

The staff feels that parent involvement benefits not only the child, but also the parents and community. The following benefits should indicate the need to incorporate parents as a vital part of the child development program. The parents' contributions can enrich child, staff, and parent experiences.

One benefit which stems from parent participation is the continuity of the child's program. This continuity is accomplished by giving parents specific techniques used in the programs. Thus what is done at school is reinforced at home.

A second way that both child and parents profit is that greated individualization can be provided. A child's individual program can be better planned by asking parents to help in formulating objectives appropriate to the child's needs. Additional exposure to parents also helps in assessing and meeting the family's individual needs.

Another advantage which is derived from parent participation is providing skills needed for the child's care and training. This gives the parents a feeling of both adequacy and pride in the child's development. Usually as a consequence of their increased competence the parents begin to feel less guilty and anxiety-ridden.

Also derived from parent involvement is emotional support. This is especially important between families of handicapped children because they share many common needs and experiences. Working together parents can provide an exchange of knowledge and practical advice.

Finally, parent participation also lends itself to keeping the program relevant to family and community needs. Progress in this area can be made by encouraging suggestions which might increase the program's effectiveness in meeting various needs. Parents can provide a base of community knowledge and support for the program. They may serve as advocates for the program or help to secure needed services for the children.

TABLE OF PARENTAL PARTICIPATION

Year	Center	Workshops	Home
1974	150	42	20
1975	176	50	60
1976	207	122	203

In view of the many ways parents' involvement provides benefits, several specific objectives may be sited. The parent program will provide an avenue through which these objectives may be met. A listing of these objectives follows:

1. To provide supplementary services for children such as special equipment, special materials, medications, X-rays, special clothing, and the services of specialists. The parent trainer serves as a liason between parents and professionals or service agencies when needed. This may include going with parents to the doctor, dentist, State Crippled Children's, D.P.S. and other agencies.

2. To assess knowledge of parents in areas of importance to their child's disability. This assessment is used to determine areas of particular need and interests. Workshops, slide presentations, suggested reading and individual counseling are planned using this information. To serve as a source of information for parents. This involves maintenance of materials and book library and the encouragement of its use. We also feel that the parent newsletter serves as a valuable source of information for parents. The primary objective in planning and organizing workshops is to provide valuable information and a measurement of the extent parental knowledge is increased by these workshops. (See Appendix B .)

3. To assess parental attitudes toward acceptance of the handicapped child in the family constellation. Using the information we strive to increase a more positive parental attitude and to integrate the child into family activities as much as possible.

4. To provide crisis intervention services to parents. These services may be in the form of counseling by the parent trainer and/or parent to parent counseling. The staff feels that emotional support at such times is very helpful to parents and/or primary persons. Parent to parent support teams operate to provide such intervention.

5. To train parents and/or primary persons in specific methods demonstrated at the RISE center. It is felt that proper care serves to encourage the normal developmental sequence in these children. We stress that carry over into the home environment is imperative if we are to reach our potential effectiveness. Home programs are developed in the areas of DPMT, speech and language development skills, and self-help skills for each child. The home program includes assessment of parental abilities in home

management skills at 6 month intervals. Home training is given not only to parents but also to siblings. The home program may also dictate that the parent trainer secure equipment that is needed for use in the home in the event the parents are unable to construct it.

6. To elicit the involvement of parents with infants in the day care demonstration program. This includes explanation of the RISE parental contract and surveilance that all conditions are being met.

7. To aid parents in interpreting diagnoses and assessments of the child. This helps to eliminate fear of the unknown and to provide a sound basis for realistic planning and goal-setting.

8. To encourage referrals and to identify involved children as young as possible. The RISE staff encouraged active participation from doctors, professionals and other concerned persons in the community. We endeavor to educate the community and surrounding area concerning the services available through RISE.

9. To provide initial contact to parents and to give information concerning RISE. This may lead to arranging the initial assessment of a child to determine whether RISE services may be appropriate for that specific child.

10. To provide an on-going program for each child. This includes placement of children after they are above the age of three. It is felt that it is essential that intervention continue in order for the child to develop as normally as possible.

Periodic assessments must be a basic component of the program if we are to provide the best services possible to the handicapped child and his family. The program for each fmaily is developed in consideration of

various assessments made.

Among these assessments are the Parent Knowledge Form, Interaction Questionnaire, Program Evaluation Questionnaire, RISE Home Program Checklist, Parents' Weekly Home Program Self-Rating and Workshop Evaluation.

The Parent Knowledge Form is used to assess parent knowledge of their child's needs and abilities. The information gained from this questionnaire is used to plan workshops and teaching in areas of particular need. This is administered initially and each six months.

The Interaction Questionnaire is used to assess parental attitudes toward acceptance of the handicapped child. This is administered initially and twice yearly to determine any changes in attitudes that may be accomplished through training and counseling.

The Program Evaluation Questionnaire is used to assess parents' perception of effectiveness of the program relative to their needs and interests. It is given initially and each 6 months thereafter. This kind of evaluation is also used to assess the effectiveness of workshops conducted for parents.

The RISE Home Program Checklist is used to assess the parents' functional skills in the home program. This checklist assesses parents in the areas of carrying, feeding, bathing, dressing and positioning on a 6-month basis. The home training program focuses in on areas of weakness, and attempts to bring the parents skills needed in home management.

The Parents' Weekly Home Program Self-Rating is an assessment completed by parents each week and shows how parents perceive the skills they use in the home program. These forms show what parents perceive to be their strengths and weaknesses in home management skills. An effort is

made to give parents a feeling of adequacy by teaching specific skills in areas that they perceive themselves as being weak.

The Workshop Evaluation is used to assess how parents feel about the effectiveness of workshops. The parents are also assessed before and after workshops to determine how beneficial they have been teaching parents. This is called the Parent Training Assessment, and is given in pre and post test forms.

X. LANGUAGE PROGRAM

A. DIRECT SERVICES

1. Services to Children:

The Speech and Language Specialist completes assessments on all children enrolled, center-based and home-based, in the areas of speech, language, hearing, and oral functioning. The speech assessments include the areas of articulation, rate, fluency, and vocal quality. Articulation skills are assessed using the articulation section of the RISE Developmental Checklist and the Goldman-Fristoe Test of Articulation. Language functioning for both receptive and expressive language skills are assessed using the RISE Developmental Checklist. In the case that a child exceeds the age limits of the RISE Developmental Checklist, the Preschool Language Scale, Peabody Picture Vocabulary Test, Carrow Elicited Language Inventory and the Assessment of Children's Language Comprehension are used. Audiological screening is completed for each child using pure-tone and impedance audiometry. Oral functioning is assessed with respect to structure and function. Structural assessment includes observation of the child's dental condition, tongue, frenum, palate and uvula, and velo-pharyngeal functioning. The assessment of oral functioning includes the respiratory, phonotory, and resonating aspects of speech. Feeding skills are assessed as the foundation which precedes speech production.

Following the assessment, the speech and language specialist develops the initial individual program plan for each child (center-based and home-based). The individual program plan prepared by the speech and language specialist includes the areas of receptive language, expressive language,

feeding skills, auditory skills, and oral functioning. These plans are then followed by the classroom teacher with the speech and language specialist serving in a consultant capacity to assist the classroom teacher in following the program plan.

The progress of the child and his individual programs are reviewed and re-assessed at six month intervals by the speech and language specialist. The results of the re-assessments then serve as the basis for revising long-term goals in each child's program.

The speech and language specialist conducts staff training of teachers, aides, occupational therapists, and physical therapists in the areas of language skills, speech skills, hearing acuity, and feeding skills. This training is aimed at arriving at a common understanding of each child's goals and objectives so that a consistent plan may be implemented. Periodic reviews of each child's program are conducted by the child's team members.

The speech and language specialist spends six hours a week conducting individual and group therapy sessions for those children requiring intensive work. The therapy goals are planned in conjunction with his classroom plans with the classroom teacher and speech and language specialist supplementing each other.

2. Services to Parents:

The speech and language specialist works in conjunction with the parent interventionist to develop individual program plans for the parents to use in the home in the areas of receptive and expressive language, auditory skills, and feeding skills. He/she also assists in the assessment of the parents implementation of the child's program plans.

Workshops are conducted periodically including such topics as normal language development, language development in the multidisabled child,

hearing loss, and feeding skills. The parents are encouraged to bring their children so that new knowledge acquired at the workshop may be immediately implemented with supervision.

The speech and language specialist is available to accompany the child and his parents on visits to otolarzngologists, hearing clinics at the State Crippled Children's Service, the Speech and Hearing Center, and other related activities.

B. REPLICATION - OUTREACH SERVICES

1. Services to Children:

The speech and language specialist initially assesses the replication sites needs in the field of speech and hearing. Needs observed include available personnel to conduct speech and language therapy, previous assessments, program planning, audiological assessments, knowledge of oral functioning and programming to improve oral skills. Following the assessment of needs, the speech and language specialist conducts training sesseions for the staff at the replication sites in the areas of speech, language, audition, feeding, and oral function. Each child in the replication site is then assessed in the areas of speech (articulation, voice quality, rate, and fluency of speech), receptive and expressive language skills, audition, and oral function. A member of the staff at the replication site is required to be present at each child's assessment to provide the speech and language specialist with necessary information and to receive suggestions for that child's program. The results of the assessment form the basis for the child's individual program plan. The speech and language specialist prepares the initial program plans for each child in the replication site. The speech and language specialist assists the teacher in initiating additional program plans and in evaluating current plans. Each child in the replication site is re-assessed at six month intervals and appropriate changes in his program plans will be made.

Contact is made monthly by telephone or on-site visits to monitor the progress of the child and any problems the teacher may be experiencing with respect to speech, language, hearing, and/or oral functioning.

2. Services to Parents:

Workshops are conducted by the speech and language specialist for the parents of the children at each replication site. Topics of the workshops include speech and language skills, pre-speech activities, audition and auditory skills, oral functioning, and oral stimulation techniques.

C. MEDIA

The speech and language specialist is developing a workbook for parents to use in stimulating their children's language skills. The lessons are developmentally based and will be accompanied by activity pages for the parent to complete with his child. A pamphlet for parents describing the importance of hearing is also being prepared. Signs and symptoms of hearing loss will be included as well as indicators of hearing ability. The speech and language specialst will develop a slide-tape presentation illustrating the techniques used in oral stimulation. The techniques to be presented will be:

a) tongue-walking to activate the lingual, palatal, and phoryngeal muscles in a normal swallow sequence.

b) digital stimulation around the lips to elicit normal lip closure and to desensitize any excessively sensitive skin.

c) rubbing of the gums to decrease sensitivity.

d) eliciting good lip closure

e) followed by giving the child a purposeful action to perform (such as sucking) which integrates the activated muscle functions.

D. INDIRECT SERVICES

1. Services to Children:

The RISE speech and language specialist assists the classroom teacher in the Tuscaloosa City and Tuscaloosa County schools with the assessments of their children in the areas of speech and language, hearing, and oral functioning. Program planning is then completed jointly with the classroom teacher and the speech and language specialist. THE RISE speech and language specialist continues to serve the public schools on a consulting basis. Periodic re-assessments are completed and programs updated.

2. Services to Parents:

The RISE speech and language specialist conducts workshops in the areas of: 1) feeding and its relationship to speech, 2) normal and abnormal speech, and language development, and 3) hearing abilities and difficulties. These workshops are open to the parents of children in the public schools served by the RISE project on an indirect basis.

3. Staff Training:

The RISE speech and language specialist serves as a consultant and is available for workshops at facilities not directly served by the RISE project. Such facilities in the past have included the Lurleen B. Wallace Center in Decatur, AL, Partlow State School and Hospital in Tuscaloosa, AL, and the Speech and Hearing Center, The University of Alabama. The speech and language specialist also serves as an instructor for the speech and language mini-group at the Cerebral Palsy Institute held each year at The University of Alabama.

E. COOPERATING AGENCIES

The RISE speech and language specialist receives referrals from such agencies as Headstart, Mental Health, and the Department of Pensions and Securities. The child being referred is assessed and appropriate placement is

arranged.

The RISE speech and language specialist makes referrals to agencies such as The University of Alabama Speech and Hearing Center and Programs for the Hearing Impaired should a child require the services offered by those agencies.

XI. STAFF TRAINING

The unique feature of the RISE project is the utilization of sensory-motor stimulation. Sensory-motor stimulation, as used in the RISE project, draws from a variety of disciplines to include the following: physical therapy, occupational therapy, pediatrics, nursing, orthopedics, urology, neurology, nutrition, special education, and physical education.

Most of the project personnel were special educators without backgrounds in sensory-motor stimulation techniques or para-professionals that lacked any formalized training. Proficiency in sensory-motor stimulation required that these individuals undergo intensive in-service training.

The following areas were identified as those critical to the success of a sensory-motor stimulation program. They are as follows:

1) Sensory integration

2) Neuro developmental theory

3) Neuro-physiological theory

These are the theories of Dr. Jean Ayres, Dr. and Mrs. Karel Bobath, and Miss Margaret Rood respectively. Training in these theories has been provided by the theoreticians as well as by noted practitioners. Additionally, project staff have attended workshops and conventions related to the care and treatment of the child with spina bifida. (See Appendix C.)

In addition to attending these training sessions the project conducted in-service training in areas such as: equipment use and construction, behavior modification, speech and language development, dental care, oral stimulation, nutrition, legislation, hospitalization, parent counseling, use of media, audiological assessments, use of community resources, adaptive clothing and devices, and program plan preparation. These training sessions have utilized outside consultants as well as project staff.

XII. UTILIZATION OF CONSULTANTS

The RISE project utilized consultants in a variety of ways. The primary case of consultants was in the refinement and development of Developmental Physical Management Techniques. The following disciplines were utilized in this process: physical therapy, occupational therapy, speech pathology, adaptive physical education, orthopedic surgery, and special education. Consultants provided training in developmental assessment techniques, treatment techniques, and information on the theoretical foundations of developmental therapy.

Consultants were also utilized in a variety of other capacities. These consultants provided assistance in program evaluation and child assessment to include the computerization of a records/program management system.

Additionally, the project consulted with individuals representing the following disciplines: orthotics, carpentry, music, nursing, nutrition, child development, speech pathology, opthalmology, deaf education, educational diagnostics, audiology, obstetrics, dentistry, and psychology. (List of consultants - See Appendix D.)

XIII. ADVISORY BOARD

The RISE director selected the Advisory Board after carefully considering the various disciplines and their contributions in assuming the advisory role. Board members included pediatricians, a nutritionist, a physical therapist, an equipment specialist, en early childhood faculty member, a State Department of Education representative, an orthotist, and a dentist.

The Advisory Board met biannually and discussed project objectives with the RISE staff. The staff presented progress reports at each meeting followed by discussion. Various topics included pupil progress, assessment, dissemination and replication. Slide shows were viewed and evaluated by the Advisory Board. Each meeting was followed by an evaluation completed by the Advisory Board concerning the various program components. (See Appendix E, List of Advisory Board.)

XIV. LIBRARY

Initially the RISE Project felt a toy/book library would be beneficial for utilization by the parents. Various toys were constructed by parents, staff and special education students.

Books were ordered concerning various topics of interest as expressed by the parents. After the toys were utilized for a brief period by the parents, it became apparent that hand-constructed toys were not appropriate for the functional level of the RISE infants. Commercially available infants' toys were consequently purchased and the parent trainer utilized these toys on home visits.

The book library has been utilized throughout the three year period. A check-out system was established and the parents actively participated in this endeavor. (See Appendix F for list of books in the library.)

XV. COORDINATION

Coordination with local and state agencies was a major concern during the conduct of the project. At the local level contacts with school systems, welfare agencies and local physicians were established and maintained. These contacts provided a source of child referrals, housing for projects and technical assistance. Contacts with the local school systems provided opportunities to continue to provide direct services to children as they reached school age.

Local physicians as well as the Family Practice Clinic, College of Community Health Sciences, The University of Alabama, provided information to project staff on methods to handle the severely involved child as well as acting as a source of referrals.

The local departments of Pensions and Securities were a ready source of child referrals. Contacts within these agencies have assisted us in the provision of services to children and their families.

Coordination with state agencies was also conducted during the project's three (3) years of service. Primarily project staff dealt with the State of Alabama Departments of Education and Mental Health. This relationship enabled project staff to disseminate information from a broader base as well as obtain funds to continue to provide direct services to children.

The University of Alabama provides an excellent opportunity for cooperative consultation with other university departments. To date the RISE project has utilized the following: Health, Physical Education and Recreation, Social Work, Home Economics, Psychology, Early Childhood Department and other programs within the Area of Special Education. Faculty members from these various departments have provided technical assistance as well

as student volunteers. Plans are to continue to involve as many other disciplines as possible in the RISE project.

Coordination and information exchange continues with the Alabama State Department of Education and local school systems in the Tuscaloosa area. Personnel from the SEA have been provided information and training regarding the RISE project. As a result of preliminary findings at RISE, suggestions have been forwarded to the SEA for inclusion into the State Plan for Exceptional Children and Youth. It is our hope to influence the SEA to make teacher units for the physically involved more flexible and assessible to the LEA's and to lower the mandatory school age of multi-disabled children from six years to birth.

A close working relationship has been established with the State of Alabama, Department of Mental Health (DMH). Many of the replication sites are funded through the DMH. Through the DMH a system for information and referral has been maintained. This cooperation has led the DMH to fund the demonstration component for the project. Funds have been secured to maintain a class and provide transportation for the children receiving services.

An active referral and assistance service is maintained with school systems in the Tuscaloosa area. With the outreach assistance effort it would be possible to continue to provide technical assistance, PT/OT consultation, information services and referral services.

XVI. EVALUATION

Project evaluation was accomplished by the utilization of consultants and the RISE staff. Total program effectiveness was evaluated by Dr. William Wolfe, Dr. John Irwin, Mr. Joe Melichar, Dr. Harold Heller, Dr. Ed Blackhurst, Dr. Peter O'Connor, Ms. Benita MacPherson, Dr. Tom Morrison and Dr. Rune Simeonsson. Consultant recommendations which were feasible were incorporated into the program.

The physical management program was evaluated by a number of developmentally oriented motor therapists. These include: Ms. Shirley Randolph, Ms. Renee Limegruber, Ms. Carolyn Hariza, Ms. Francis Corley, Ms. Margot Heineger, Ms. Lynn Bostick, Dr. Joan Bergman, Mr. and Mrs. Ben Lovelace-Chandler, and Ms. Mary Fiorentino. These individuals provided technical assistance and evaluation of the physical management program. The results of these evaluations were incorporated into the program when feasible.

Project staff have computerized an assessment checklist which has provided an objective evaluation of the total curriculum effectiveness. Progression noted on the assessments has shown effectiveness of the techniques used within the classroom. Parental assessments have given an objective evaluation of the total parent program.

XVII. CURRICULUM AND DISSEMINATION

The Rise Project developed and published materials during the three years of operation. Brochures and slide/tape presentations have been utilized to inform the public of the servised provided by the demonstration unit. Various curriculum materials were developed to meet the needs of the physically involved child, birth to six years. These curriculum materials include:

RISE DEVELOPMENTAL CHECKLIST: A comprehensive assessment of developmental skills from birth to six years. The checklist includes objectives in the following areas: reflex, gross motor, fine motor, social, cognitive, language and self help skills. The reflex section is administered by a developmental motor therapist, the articulation section is administered by a speech pathologist and the remainder of the checklist is administered by the classroom teacher. The checklist is marked in pencil for computer use. (See Appendix G.)

THE RISE CURRICULUM: Includes detailed curriculum units based on each behavioral objective listed in the Developmental Checklist. The checklist is analyzed by a computer, a summary of objectives and the corresponding lesson plans are produced. The lesson plan format includes the statement of the objective, activities, and evaluation. (See appendix H.)

TALKING TIME IS ALL THE TIME: A SPEECH AND LANGUAGE GUIDE FOR PARENTS: Was designed to be used by parents in stimulating their child's growth in language skills. Each lesson contains a brief explanation and activity pages. The lessons are in developmental order and should be used chronologically.

DEVELOPMENTAL PHYSICAL MANAGEMENT OF THE MULTI-DISABLED CHILD: Acquaints the reader with the theoretical basis for the developmental physical management program. Supporting theory, techniques and equipment are discussed. The normal developmental sequence is followed in terms of reflex maturation and balance. The manual is geared toward therapists, teachers, teacher aides and parents.

XVIII. REPLICATION

The RISE project has promoted public awareness of services throughout the three years of operation. This has been accomplished through the following: distribution of the brochures, exposure through the Cerebral Plasy Institute conducted annually, newspaper releases, articles in CYCLES, Exceptional Parent, the Alabama CEC Newsletter, and Own Your Own, public speaking engagements by the director and informal contacts. The public awareness activities led to the intiation of the replication process. Various centers and school systems became aware of the RISE service component and requested the services of the RISE personnel. The RISE staff screened the requesting cneters and selected a target site to receive the replication services. The center selected was the Winston County Association for Retarded Citizens Day Care Center in Haleyville, Alabama. The selection of this center was based on location, classroom population, and interest expressed by personnel. The replication procedures were begun in February, 1976. Following the establishment of the initial site, various centers throughout the state were selected as target sites.

As target sites were established, the team has required the replicating site to list agencies cooperating with their centers. These agencies are contacted if their services are necessitated to insure quality care and treatment for the children in the centers.

Initially, the area selected for replication was limited to the 10 county service area of the RISE project. After the replication services became available, the needs were so great that the RISE staff enlarged the scope of the replication area to include the entire state. Twenty replication sites have been established and needs assessed by the RISE

staff. For an overview of services provided by RISE staff see appendix .

The RISE staff has established a pilot project of the model program in Pine Bluff Arkansas, which serves 23 infants and utilizes seven staff members similar to the RISE staff.

The procedures for implementing the replication component have been developed and initiated in twenty project sites. These sites were selected after requests were made by these centers through letters, telephone contact or informal contact. After the requests were made, the RISE staff contacted the replication site administrative personnel and scheduled the needs assessment appointment. The needs assessment format involved listing current therapeutic equipment used at the center, previous assessments used with parents and children, and current curriculum materials being used at the replication sites. The needs assessment summary provided pertinent information involving the number of children needing services, age ranges, disabilities of the children and the number of individual program plans and assessments needed in the follwing categories: sensory/motor, speech, audiological, cognition, self-help skills and socialization. Services already provided to parents were listed. The number of staff that needed training was listed and their individual needs were recorded. General information also was gathered to be included in the needs assessment summary form. (See appendix for summary of needs of the twenty sites)

After completing the needs assessment summary, a formal contract is drawn up establishing the following:

Deadlines for which services will be completed, needs assessment

narrative, present conditions of the target site, and the RISE Objective Action Plan are included.

The RISE Objective Action Plan details the target site needs, technical assistance outcome objectives, RISE actions, target site actions and the evaluation.

After the contract is written, it is submitted to the replication site for approval and signatures of involved personnel. At this time program material packets and equipment plans are delivered to the replication site enabling the staff members to prepare themselves for the staff training session. The staff training sessions were scheduled and letters were mailed providing the replicaiton sites with the agenda proposed for the first two days. Staff training continues on a formal and informal basis throughout the replication period.

The staff training session preceded the assessment of the children. The staff training session is evaluated by pre- and post-testing procedures administered by RISE personnel. The staff training session is individually based on the needs of the target sites. Topics include an overview of RISE (slide/tape presentation), explanation of vocabulary, demonstrations of Developmental Physical Management Techniques, pre-speech and language training (oral stimulation), classroom organization, and individual program planning. Training also occurs during the assessment of the children where one key staff member observes the child and receives suggestions and recommendations offered by the RISE staff member.

Assessments of the children are completed in the areas of sensory-motor development and speech and language development. Educational

used correctly and is properly fitted to the children.

As the replication process was refined, the RISE staff has found that many centers were requesting services. In order to serve all requesting centers, the RISE staff had to select the centers most like the demonstration component. The ten target sites selected received direct services. Direct services include: assessment, development of programs, staff training and monitoring services. The indirect sites receive the same services with less monitoring. The Direct Service sites receive monitoring monthly with site visits scheduled twice quarterly. The final status of the replication sites is listed in Appendix K.

Workshop on Developing Self-Help Skills in the Deaf-Blind Child, University of Alabama, April, 1976.

Annual Conference of the Speech and Hearing Association of Alabama. Gulf Shores, Alabama, April, 1976.

Workshop on Feeding the Handicapped Child, C.D.L.D., Birmingham, Alabama, April, 1976.

Workshop on Hearing Therapy, University of Alabama, May, 1976.

PNF Workshop, Maggie Knott, Augusta, Georgia, May 1976.

Red Cross First Aid Training, University of Alabama, June, 1976.

Visitation of programs for multi-handicapped infants in Albuquer que, New Mexico, June, 1976

Visitation of programs for multi-handicapped infants in Jackson, Mississippi, June, 1976.

Cerebral Palsy Institute, Carol Hariza, Richard Schissell, University of Alabama, July, 1976.

Behavior Modification Workshop, University of Alabama, Nate Azrin, November, 1976.

Sensory Integration, Beth Moyers, University of Alabama in Birmingham, November, 1976.

National Speech and Hearing Association Convention, Houston, Texas, November, 1976.

United Cerebral Palsy, Infant Collaborative Conference, Miami, Florida, February, 1977.

National Spina Bifida Association Conference, Chicago, Illinois, March, 1977.

Care of the Neonate and High Risk Infant, University of Alabama, Continuing Education, May 1977.

Cerebral Palsy Institute, Mary Fiorentino, Barbara Weiner, University of Alabama, June, 1977.

APPENDICES

A. FLOW CHART OF DEMONSTRATION MODEL

B. PARENT WORKSHOPS

C. STAFF TRAINING

D. CONSULTANTS

E. ADVISORY BOARD

F. LIBRARY

G. RISE DEVELOPMENTAL CHECKLIST

H. RISE CURRICULUM SAMPLE

I. OVERVIEW OF SERVICES

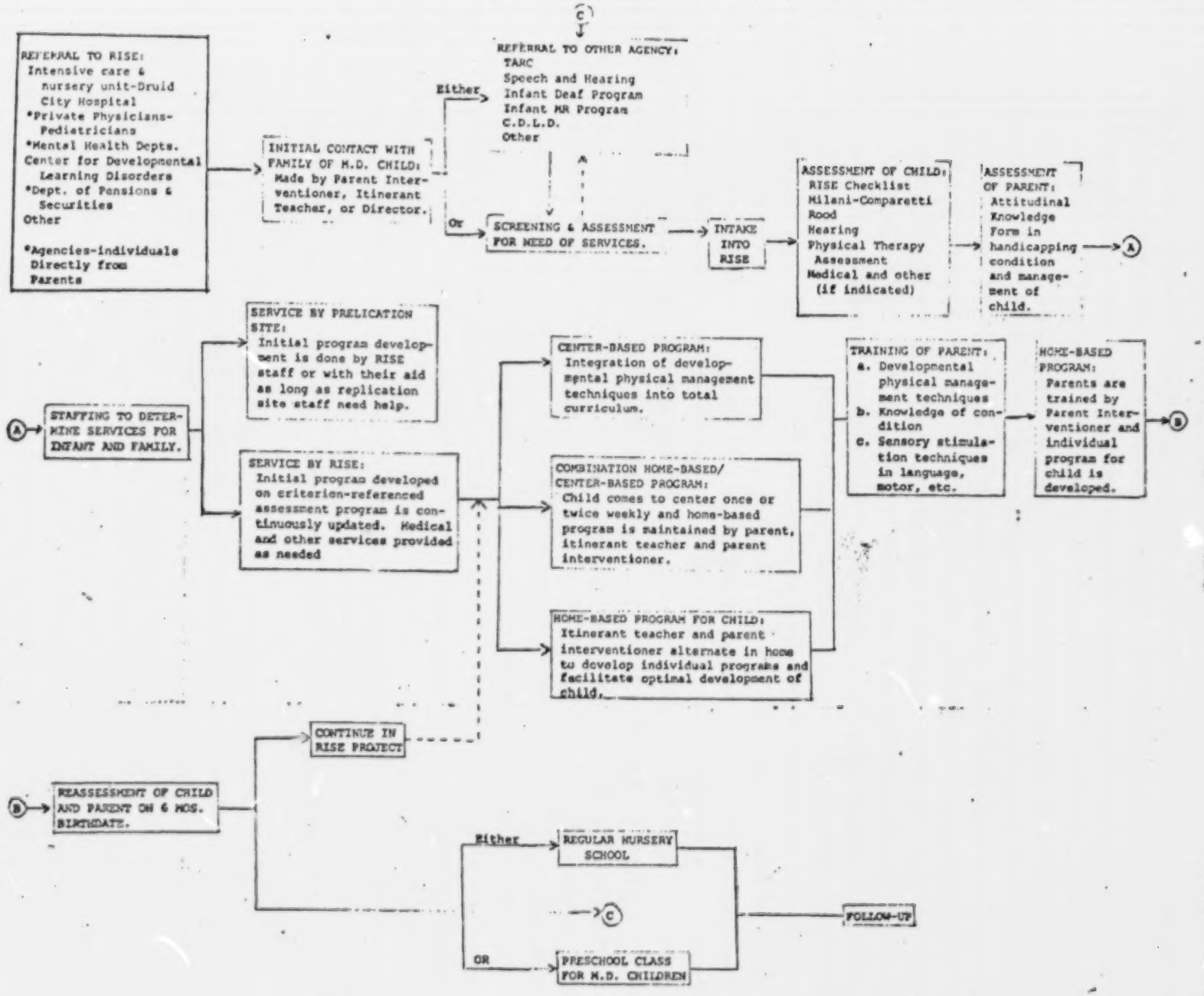
J. SUMMARY OF NEEDS

K. CURRENT STATUS OF REPLICATION SITES

APPENDIX A

FLOW CHART OF DEMONSTRATION MODEL

PROCESS FOR PROVIDING SERVICES TO INFANTS WITH MULTI-DISABILITIES


REFERRAL TO RISE:
Intensive care & nursery unit-Druid City Hospital
*Private Physicians-Pediatricians
*Mental Health Depts.
Center for Developmental Learning Disorders
*Dept. of Pensions & Securities
Other
*Agencies-individuals Directly from Parents
INITIAL CONTACT WITH FAMILY OF M.D. CHILD: Made by Parent Interventioner, Itinerant Teacher, or Director.
Either
Or
REFERRAL TO OTHER AGENCY:
TARC
Speech and Hearing
Infant Deaf Program
Infant MR Program
C.D.L.D.
Other
SCREENING & ASSESSMENT FOR NEED OF SERVICES.
INTAKE INTO RISE
ASSESSMENT OF CHILD:
RISE Checklist
Milani-Comparetti
Rood
Hearing
Physical Therapy Assessment
Medical and other (if indicated)
ASSESSMENT OF PARENT:
Attitudinal
Knowledge
Form in handicapping condition and management of child.
A
STAFFING TO DETERMINE SERVICES FOR INFANT AND FAMILY.
SERVICE BY PRELICATION SITE:
Initial program development is done by RISE staff or with their aid as long as replication site staff need help.
SERVICE BY RISE:
Initial program developed on criterion-referenced assessment program is continuously updated. Medical and other services provided as needed
CENTER-BASED PROGRAM:
Integration of developmental physical management techniques into total curriculum.
COMBINATION HOME-BASED/ CENTER-BASED PROGRAM:
Child comes to center once or twice weekly and home-based program is maintained by parent, itinerant teacher and parent interventioner.
HOME-BASED PROGRAM FOR CHILD:
Itinerant teacher and parent interventioner alternate in home to develop individual programs and facilitate optimal development of child.
TRAINING OF PARENT:
a. Developmental physical management techniques
b. Knowledge of condition
c. Sensory stimulation techniques in language, motor, etc.
HOME-BASED PROGRAM:
Parents are trained by Parent Interventioner and individual program for child is developed.
B
CONTINUE IN RISE PROJECT
REASSESSMENT OF CHILD AND PARENT ON 6 MOS. BIRTHDATE.
Either
REGULAR NURSERY SCHOOL
C
OR
PRESCHOOL CLASS FOR M.D. CHILDREN
FOLLOW-UP

BEST COPY AVAILABLE

APPENDIX B

PARENT WORKSHOPS

PARENT - TRAINING WORKSHOPS

1974 - 1977

Parent workshops are held frequently for parents, staff and any persons who are involved in working with multi-disabled children. Through these training sessions we anticipate an increase in overall knowledge of multiple disabilities and in competence with equipment and materials used in working with the multi-disabled child.

Speech and Language Development Workshop - December , 1974. Slide presentation and program presented by Rosa Dunning, project speech therapist. Guidelines were established on devising a home program for speech and language development.

Equipment Workshop - February 21, 1975. Dr. Norman Bedwell assisted the occupational therapist and parent interventionist in presenting a workshop on constructing equipment for multi-disabled children to use in the classroom as well as the home.

Parent Meeting - March 1, 1975. Parents who have children enrolled in the M.D. class met to discuss their their volunteer time in the classroom. Parents agreed to spend a minimum of two hours per week in the program setting in order to learn techniques and methods.

Equipment Workshop - April 4, 1975. A second equipment workshop was held to continue the development of special equipment geared toward meeting the needs of the physically handicapped child in the classroom as well as the home.

Normal Child Development Workshop - April 7, 1975. A workshop on the sequence of development of the normal child was presented by Mrs. Arlee Vallery, Director, Child Development Center, University of Alabama.

Dental Workshop - July 1, 1975. Dr. William Cole, Director of Dental Services at Partlow-Bryce Hospital conducted a two hour training session for parents on proper dental care for the handicapped child.

Speech and Language Workshop - September 25 & 29, 1975. A second language training session was held for parents who have children in classes for the multi-disabled and mentally retarded. Both workshops were conducted by Charlotte Bailey, Speech Pathologist.

Dental Workshop - November, 1975. Two consecutive Monday nights. Dr. William Cole conducted dental evaluation sessions for RISE, Tri-Mod, and Adult Programs.

Parent Meeting - November 12, 1975. Meeting of RISE parents to present slide show.

DPMT Workshop August 30, September 6, September 13, 1976. The RISE staff conducted a series of demonstrations in which parents practiced DPMT with their children.

Nutrition Workshop November 16, 1976. Connie Moore, Nutritionist, Partlow State School, gave a presentation on nutritional requirements of children.

Coffee Discussion March 22, 1977. Mutual Support discussed.

Coffee Discussion March 25, 1977. Value of toys discussed.

Workshop March 29, 1977. Construction of toys for home use.

Coffee Discussion April 8, 1977. Acceptance of the handicapped discussed.

Coffee Discussion April 12, 1977. Sharing of information.

Coffee Discussion April 19, 1977. Discussion of problems faced by a family during hospitalization. Film.

Coffee Discussion May 10, 1977. Discussion of language development and practical guidelines.

Coffee Discussion May 13, 1977. Available services discussed.

Coffee Discussion May 17, 1977. Public Law 94:142 discussed.

Workshop May 24, 1977. Information provided on help available to solve problems.

Coffee Discussion May 31, 1977. Discussion of the effect on brothers/sisters of handicapped children.

Coffee Discussion June 7, 1977. Discussion on self-help skills.

Coffee Discussion June 10, 1977. Relating to others discussed.

Parent Participation July 12, 1977. Dr. Loreta Holder, Director, met with parents to discuss participation and plans for the upcoming year.

Interest Inventory August 1, 1977. Parent trainer met with parents to discuss needs and interests which will be met in upcoming workshops.

APPENDIX C

STAFF TRAINING

STAFF TRAINING

Shirley Randolph, Workshop on Neurophysiological Techniques of Therapy, July, 1974.

Ben and Venita Lovelace-Chandler, Workshop on Neurodevelopmental Techniques (Bobath), September, October, 1974.

Jean Ayres, Symposium on Sensory Integration, Peoria, Illinois, September, 1974.

Jean Ayres, Workshop on Sensory Integration, Birmingham, February, 1975.

Bobath Orientation, Detroit, Michigan, June, 1975.

Parent Workshop, Charleston, South Carolina, Jnauary, 1975.

American Academy of Cerebral Palsy, Denver, Colorado, November, 1975.

Spina Bifida Association Convention, New York, April, 1975.

Visitation of Suffolk County Rehabilitation Center and Blythesdale Children's Hospital and St. Agnes Hospital, New York, April, 1975.

Visitation of Collaborative Infant Project, UCP, New Orleans, July 1975.

Shirley Randolph, Workshop on Neurophysiological Techniques and Theory, July, 1975, University of Alabama.

Visitation of Caddo Exceptional School in Shreveport, Louisiana, July, 1975.

American Academy of Cerebral Palsy, New Orleans, Louisiana, September, 1975.

TADS Airlie House Replication Meeting, Arlington, Virginia, October, 1975.

Visitation of Les Passe Rehabilitation Center, Memphis Tennessee, October, 1975.

Visitation of Infant High Risk Intensive Care Unit, University of Tennessee Medical Center, October, 1975.

Learning Accomplishment Profile, Ann Stanford, University of Alabama, January, 1976.

Annual Conference of the National Spina Bifida Association, Cincinnati, Ohio, March, 1976.

APPENDIX D

CONSULTANTS

LIST OF CONSULTANTS, 1974-1977

Benita MacPhersen	Educator
Renee Limegruber	Physical Therapist
Carolyn Hariza	Physical Therapist
Buddy Mason	Orthotist
Lynn Bostick	Physical Therapist
Beverly Buttram	Occupational Therapist
Norman Bedwell Ed.D.	Equipment
Mary Jo Deavers	Music
Betty Bell	Pediatric Registered Nurse
William Cole	Dentist
Vicki Cassella	Deaf Educator
Charlotte Bailey	Speech Pathologist
Connie Moore	Nutritionist
David Hefelfinger	Pediatrician
Jerry Davis	Pediatrician
Dorothy Reese	Pediatrician
Arlee Valery	Child Development Specialist
Helen Connor, Ph.D.	Adaptive Physical Education Specialist
John Irwin, Ph.D.	Speech Pathologist
Richard Schissell, Ph.D.	Speech Pathologist
Rod Nowakowski	Opthalmologist
Perry Savage	Orthopedic Surgeon
Richard Stoker	Deaf Educator
Ed Blackhurst, Ed. D.	Special Educator
Riley Lampkin, M.D.	Physician
Jerry Klug	Physical Therapist

APPENDIX E

ADVISORY COUNCIL

Barbara Russell	Special Educator
Jack Gibson	Educational Diagnostician
Jane Floyd	Registered Nurse
Clarence Gregg	Fire and Safety Specialist
Jane Tanana	Deaf Educator
Tom Morrison	Educator
Bill Landers	Recreational Specialist
Eugene Sheeley, Ph.D.	Audiologist
Glen Baquet, M.A.	Audiologist
Barbara Weiner	Speech Pathologist (pre-speech and feeding)
Mary Fiorentino	Occupational Therapist
Mike Smith	Evaluator
Sam Stover, M.D.	Orthopedist (Rehabilitative medicine)
Wm. Coker, M.D.	Pediatrician
Wm. Standeffer;	Obstetrician, Gynocologist
Luke Watson	Psychologist (Behavior modification)
Shirley Randolph	Physical Therapist
Bill Heller, Ed.D.	Special Educator
Bill Cole, D.D.M.	Dental care for Cerebral Palsy
Gerald Fisher, Ed.D.	Rehabilitation
Doris McQuiddy	Administrator of Deaf-Blind Program, U of
Eugene Cooper, D.Ed.	Speech Therapist
Jerry Dillard, Ph.D.	Special Educator, Emotionally disturbed children
Cynthia White	Nurse
Camille Butler, R.N.	Nurse

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Resource Materials for
Parents & Professionals Working With
Multi-Disabled Persons

To be ordered from the Kaplan Co. Catalogue:

Child Development & Behavior #450-110 $6.95
Child, Family, & the Outside #539-668 $1.95
Developmental Games for the Physically Handicapped Child #144-0072 $1.95
Educational Games for the Physically Handicapped #232-72040 $3.95
First Five Years of Life #224-959 $9.95
Parents and Mentally Handicapped Children #539-18777
Parent as Teacher. #167-1757 $3.00
Working with Families #291-1550 $4.50
Working with Families #291-0297 $25.00
Workjobs for Parents #044-011 $6.50
Your Child is a Person #539-3492 $2.95

Abnormal Postural Reflex Activity Caused by Brain Lesions by Berta Bobath. 1965. William Heinemann Medical Books Ltd., The Press at Kingwood, Tadworth, Surrey, England. $1.70.

Accent on Living (Magazine for Spina Bifida Parents) P.O. Box 725, Bloomington, Ill., 61701. Quarterly, $2.50 per year.

Assistive Services for the Handicapped by Charlotte Rosenberg. 1968. Sister Kenny Institute, 1800 Chicago Ave., Minneapolis, Minn. 55404. $3.50.

Caring for your Disabled Child by Benjamin Spock, M.D. and Marion D. Lerrigo, Ph.D. The McMillan Co., N.Y., 1965, $4.95 (hardback).

Cerebral Palsy by Sidney Keats. 1965. Chas. C. Thomas, Publ., 301 - 327 E. Lawrence Ave., Springfield, Ill., 63703. $12.50.

Cerebral Palsy by Eugene T. McDonald and Burton Chance, Jr. 1964. Prentice Hall Inc., Englewood Cliffs, New Jersey, 07632. $7.25.

Cerebral Palsy -- A Developmental Disability, Syracuse Univ. Press, N.Y., N.Y. 1976. $24.80.

Cerebral Palsy & Related Disorders: A Developmental Approach to Dysfunction by Eric Denhoff and Isabel Robinault, 1960. McGraw-Hill Book Co., 330 W. 42nd St., N.Y., N.Y. 10036. $16.95.

Cerebral Palsy and the Young Child edited by Susan McBlencowe, 1969, William and Wilkins Co., 428 E. Preston St., Baltimore, Md. 21202. $6.75.

Cerebral Palsy: Interaction Games for Severely Handicapped Children Without Speech, by Beatrice LeGay Brewton and Margaret Ironside. Spastic Center of New South Wales, 6 Queen St., Mosman, N.S.W. 2088, Australia. $2.00.

Cerebral Palsy, The Preschool Years: Diagnosis, Treatment, and Planning by Eric Denhoff. 1967. Charles C. Thomas, Publ. 301-327 E. Lawrence Ave., Springfield, Ill. 62703. $7.50.

The Child with Spina Bifida by Chester A. Swinyard, M.D., Ph.D., available from Publications Office, Institute of Rehabilitation Medicine, N.Y.U. Medical Center, 400 E. 24th St., N.Y., N.Y. 10016 (Booklet).

Closer Look Newsletter, H.E.W., Box 19428, Washington, D.C. 20036. Free.

Clothes Sense for Handicapped Adults of All Ages by P. Macartney, Disabled Living Foundation, 346 Kensington High St., London W14, England.

Dental Care for Adult Patients with Cerebral Palsy by Solomen N. Rosenstien and Marvin B. King, 1973. UCPA of N.Y. City, Inc., 339 E. 44th St., N.Y., N.Y. 10017. $1.00.

Development of Infant & Young Child: Normal & Abnormal by R.S. Illingsworth, 1972. 5th ed. Churchill Livingston Medical Division, Longman, Inc., 72 5th Ave., N.Y., N.Y. 10011. $12.75.

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Developmental Physical Management for the Multi-Disabled Child by Beverly Buttram, O.T.R. and Glenna Brown, M.A. May be purchased from Dr. Loreta Holder, Area of Special Education, The University of Alabama, P.O. Box 2592, University, AL 35486. $5.00.

Developmental Potential of Preschool Children: An Evaluation of Intellectual Sensory and Emotional Functioning by Else Haeussermann, 1958. Grune and Stratton, Inc., 111 5th Ave., N.Y., N.Y. 10003. $14.00.

The Developmental Therapist, edited by Barbara Banus, Charles B. Slack, Inc., Thorofare, N.J., 1971.

Diagnostic, Resource, Educational Adjustment Model, 380 Martin St., S.E., Atlanta, GA 30312.

Educational Programming for the Severely Profoundly Handicapped, edited by Council for Exceptional Children, Division of Mental Retardation, Reston, VA.

Emotional Care of Hospitalized Children. Lippincott Publ. Co., N.Y.,N.Y. 197 .

The Exceptional Parent Magazine, Box 101, Back Bay Annex, Boston, Mass.

The Family and the Handicapped Child: A Study of Cerebral Palsied Children in their Homes by Shiela Hewett and John Newsome, et. al., 1970. Aldine Publ. Co., 529 S. Wabash Ave., Chicago, Ill. 60605. $7.95.

Feeding the Handicapped Child. May be purchased from Child Development Center, Dept. of Nutrition, 711 Jefferson Ave., Memphis, Tenn. 38105.

Forgotten Children: A Program for the MultiHandicapped by Merle E. Frampton. 1969. Porter Sargeant, Publ., 11 Beacon St., Boston, Mass. 02108. $6.95.

Functional Aids for the Multiply Handicapped edited by Isabel P. Robinault. Harper & Row Publ. Co., 1973, 2350 Virginia Ave., Hagerstown, Md. 21740. $10.00.

Goal: Language Development by M. Karnes, 1972. Milton Bradley, Springfield, Ill. 62703.

Guide to Early Developmental Training, Wabash Center Sheltered Workshop, 2000 Greenbush St., Lafayette.

Handling the Young Cerebral Palsied Child at Home by Nancie R. Finnie, UCPA, Inc. 66 E. 34th St., N.Y., N.Y. 10016. $3.95.

How to's on Dressing and Feeding, UCPA, Inc. 66 E. 34th St., N.Y., N.Y. 1001 .

Individual Program Planning for the Developmentally Disabled, Research and Training Center in Mental Retardation, Texas Tech University.

Infant Perception -- From Sensation to Cognition, Vol. I-II, 1975, Academic Press, London, England.

Innovative, Inexpensive Instructional Materials, Lexington Child Development Centers of UCPB, 465 Springhill Dr., P.O. Box 8003, Lexington, KY. 40503.

Integration or Segregation for the Physically Handicapped Child? by Dibner & Dibner, Charles C. Thomas Publishers, Springfield, Ill. 1973.

Infant, Toddler, & Preschool Research & Intervention Project -- Report Year III, 1973, IMRIP, George Peabody College, Nashville, Tenn. Free.

Karen by Marie Killilea, Dell Publishing Co., 750 3rd Ave., N.Y., N.Y. 10017 $0.75.

Mine for Keeps by Jean Little. Little, Brown, and Co., 34 Beacon St., Boston, Mass. 02106. $4.95.

The Multiply Handicapped Child by James Wolf and Robert Anderson, 1969. Charles C. Thomas Publishing Co., Springfield, Ill. $21.00.

The Parent of the Handicapped Child, Charles C. Thomas Publishing Co., Springfield, Ill.

Parental Attitudes Toward Exceptional Children by Harold D. Love, Charles C. Thomas Publ. Co., Springfield, Ill. 1972.

Parents are Teachers by Wesley C. Becker. Research Press, 2612 N. Mattus Ave., Champaign, Ill. 61820. 1971.

Parents can be Teachers Too by Mary D. Laney, Parent Tape Training Program, Coastal Center, Ladson, S.C.

A Practical Manual for Parents of Children with Myleomeningocele by Margaret Bruce and Gretchen Veigh, P.T., 1972, Gretchen Veigh, 1065 Findley Dr., E. Pittsburg, PA. 15221. $2.50.

The Pipeline. Spina Bifida Assoc. of America, 104 Feston Ave., New Castle, DE. 19720.

Reflex Testing: Methods for Evaluating CNS Development by Mary R. Fiorentino. Charles C. Thomas Publisher, 62703. $6.95.

Screening & Assessment of Young Children at Developmental Risk, President's Committee on Mental Retardation, Washington, D.C. $2.65.

Sensorimotor Evaluation and Treatment Procedures for Allied Health Personnel. Indiana University Foundation, Purdue University at Indianapolis Medical Center, Indianapolis, Indiana.

Sensory Integration and Learning Disorders by Jean Ayres. Western Psychological Services, 12031 Wilshire Blvd., L.A., Calif., 1974.

Speech Therapy and the Bobath Approach to Cerebral Palsy by Marie C. Cricknay. 1966. Charles C. Thomas Publisher, $8.50.

Straight Talk -- Parent to Parent by Betty Peiper (Spina Bifida). Ridge Road, Scotia N.Y. 12302 (Booklet).

Systems of Therapy in Cerebral Palsy by Harriett E. Gillette, 1969. Charles C. Thomas Publisher. $6.00.

Teach Your Child to Talk by Developmental Language & Speech Center. Cebco Standard Publ. Co., 1975.

The Teacher and the Child with Spina Bifida. Illinois Spina Bifida Assoc., P.O. Box G. 1974. Elmhurst, Ill. 60126.

Way to Help Babies Grow & Learn: Activities for Infant Education by Seynee, Leslie, and Patterson. Denver, Colorada: World Press, 1970.

With Love from Karen by Marie Killilen, 1963. Dell Publ. Co., 750 3rd Ave., N.Y., N.Y. 10017. $0.60.

Working with Children and Working with Parents. S.W. Georgia Program for Exceptional Children, P.O. Box 110A, Ochlocknee, GA. 31773.

Aphonic Communication for those with Cerebral Palsy: Guide for the Development and Use of a Conversation Board. UCPA of N.Y. State, 815 2nd Ave., N.Y., N.Y. 10017. $0.50.

Cerebral Palsy: More Hope Than Ever by Jacqueline Seaver. 1967. Public Affairs Pamphlets, 381 Park Ave., S., N.Y., N.Y. 10016. $0.35.

Cerebral Palsy: Dr. Meyer Perlstein Answers Questions Parents Ask. Natl. Easter Seal Society, 2023 W. Ogden Ave., Chicago, Ill. 60612. $0.25.

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APPENDIX G

RISE CHECKLIST

D--> THIS FORM PRODUCED BY CYBERFORM INC PO BOX 43307 BIRMINGHAM AL 35243 <--<

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* *
* ** R I S E ** *
* *
* RURAL INFANT STIMULATION ENVIRONMENT *
* *
* INITIAL ASSESSMENT FORM *
* *
********** DEVELOPMENTAL AREA **********
* REFLEXES TO BE INTEGRATED *
****

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MARKING INSTRUCTIONS
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_____ CONNECT DASHES IN THIS COLUMN FOR AGE INAPPROPRIATE RESPONSE

_ CONNECT DASHES IN THIS COLUMN FOR AGE APPROPRIATE RESPONSE

REFLEX NO.	AGE RANGE	-1 V	3- V	REFLEX TO BE ASSESSED
RIC01	02-02	- - - -		FLEXOR WITHDRAWAL RIGHT
RIC02	02-02	- - - -		FLEXOR WITHDRAWAL LEFT
RIC03	02-02	- - - -		EXTENSOR THRUST RIGHT
RIC04	02-02	- - - -		EXTENSOR THRUST LEFT
RIC05	02-02	- - - -		CROSSED EXTENSION RIGHT
RIC06	02-02	- - - -		CROSSED EXTENSION LEFT
RIC07	03-03	- - - -		HAND GRASP RIGHT
RIC08	03-03	- - - -		HAND GRASP LEFT
RIC09	04-04	- - - -		TONIC LABRYTHINE, SUPINE
RIC11	04-04	- - - -		TONIC LABRYINTHINE, PRONE
RIC13	04-04	- - - -		ASSOCIATED REACTIONS* RIGHT
RIC14	04-04	- - - -		ASSOCIATED REACTIONS* LEFT
RIC15	04-04	- - - -		POSITIVE SUPPORTING REACTION RIGHT
RIC16	04-04	- - - -		POSITIVE SUPPORTING REACTION LEFT
RIC17	04-04	- - - -		NEGATIVE SUPPORTING REACTION RIGHT
RIC18	04-04	- - - -		NEGATIVE SUPPORTING REACTION LEFT
RIC19	04-04	- - - -		MORO REFLEX RIGHT
RIC20	04-04	- - - -		MORO REFLEX LEFT
RIC21	06-06	- - - -		ASYMETRICAL TONIC NECK RIGHT
RIC22	06-06	- - - -		ASYMETRICAL TONIC NECK LEFT
RIC23	06-06	- - - -		SYMMETRICAL TONIC NECK RIGHT
RIC24	06-06	- - - -		SYMMETRICAL TONIC NECK LEFT
RIC25	09-09	- - - -		FOOT GRASP RIGHT
RIC26	09-09	- - - -		FOOT GRASP LEFT

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>--> THIS FORM PRODUCED BY CYBERFORM INC PO BOX 43307 BIRMINGHAM AL 35243 <--<

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* ** R I S E ** *
* *
* RURAL INFANT STIMULATION ENVIRONMENT *
* *
* INITIAL ASSESSMENT FORM *
* *
********** DEVELOPMENTAL AREA **********
* REFLEXES TO BE DEVELOPED *
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MARKING INSTRUCTIONS
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_____ CONNECT DASHES IN THIS COLUMN FOR AGE INAPPROPRIATE RESPONSE

_ CONNECT DASHES IN THIS COLUMN FOR AGE APPROPRIATE RESPONSE

REFLEX NO.	AGE RANGE	-1	3-	REFLEX TO BE ASSESSED
RDC01	01-02	-	-	1. NECK RIGHTING REACTIONS RIGHT
RDC02	01-02	-	-	1. NECK RIGHTING REACTIONS LEFT
RDC03	01-02	-	-	1. RIGHTING REACTIONS A. OPTICAL (1) PRONE
RDC06	06-08	-	-	1. RIGHTING REACTIONS A. OPTICAL (3) RIGHT LEFT
RDC07	06-08	-	-	1. RIGHTING REACTIONS A. OPTICAL (4) LEFT RIGHT
RDC09	02-03	-	-	1. RIGHTING REACTIONS B. BODY IN SAGITTAL PLANE RIGHT
RDC11	04-04	-	-	1. RIGHTING REACTIONS C. BODY DEROTATIVE RIGHT
RDC12	04-04	-	-	1. RIGHTING REACTIONS C. BODY DEROTATIVE LEFT
RDC13	09-09	-	-	1. RIGHTING REACTIONS D. BODY ROTATIVE RIGHT
RDC14	09-09	-	-	1. RIGHTING REACTIONS D. BODY ROTATIVE LEFT
RDC15	04-04	-	-	1. RIGHTING REACTIONS E. PARACHUTE (1) DOWNWARDS RIGHT
RDC16	04-04	-	-	1. RIGHTING REACTIONS E. PARACHUTE (1) DOWNWARDS LEFT
RDC17	06-06	-	-	1. RIGHTING REACTIONS E. PARACHUTE (2) SIDEWAYS RIGHT
RDC18	06-06	-	-	1. RIGHTING REACTIONS E. PARACHUTE (2) SIDEWAYS LEFT
RDC19	07-07	-	-	1. RIGHTING REACTIONS E. PARACHUTE (3) FORWARDS RIGHT
RDC20	07-07	-	-	1. RIGHTING REACTIONS E. PARACHUTE (3) FORWARDS LEFT
RDC21	09-09	-	-	1. RIGHTING REACTIONS E. PARACHUTE (4) BACKWARDS RIGHT
RDC22	09-09	-	-	1. RIGHTING REACTIONS E. PARACHUTE (4) BACKWARDS LEFT
RDC23	06-06	-	-	1. RIGHTING REACTIONS F. BODY RIGHTING ON BODY RIGHT
RDC24	06-06	-	-	1. RIGHTING REACTIONS F. BODY RIGHTING ON BODY LEFT
RDC25	06-06	-	-	1. RIGHTING REACTIONS G. AMPHIBIAN RIGHT
RDC26	06-06	-	-	1. RIGHTING REACTIONS G. AMPHIBIAN LEFT
RDC27	06-06	-	-	2. EQUILIBRIUM REACTIONS A. PRONE RIGHT
RDC28	06-06	-	-	2. EQUILIBRIUM REACTIONS A. PRONE LEFT
RDC29	06-06	-	-	2. EQUILIBRIUM REACTIONS B. SUPINE RIGHT
RDC30	06-06	-	-	2. EQUILIBRIUM REACTIONS B. SUPINE LEFT
RDC31	08-08	-	-	2. EQUILIBRIUM REACTIONS C. FOUR-FOOT KNEELING RIGHT
RDC32	08-08	-	-	2. EQUILIBRIUM REACTIONS C. FOUR-FOOT KNEELING LEFT
RDC33	10-12	-	-	2. EQUILIBRIUM REACTIONS D. SITTING RIGHT
RDC34	10-12	-	-	2. EQUILIBRIUM REACTIONS D. SITTING LEFT
RDC35	15-15	-	-	2. EQUILIBRIUM REACTIONS E. KNEEL-STANDING RIGHT

| -1 2 3- (CONTINUED)

FORM NO. 803

>==> THIS FORM PRODUCED BY CYBERFORM INC PO BOX 43367 BIRMINGHAM AL 35243 <==<


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*              ** R I S E **                 *
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* RURAL INFANT STIMULATION ENVIRONMENT       *
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*         INITIAL ASSESSMENT FORM            *
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********** DEVELOPMENTAL AREA **********
*          REFLEXES TO BE DEVELOPED          *
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MARKING INSTRUCTIONS
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_____ CONNECT DASHES IN THIS COLUMN FOR AGE INAPPROPRIATE RESPONSE

_ CONNECT DASHES IN THIS COLUMN FOR AGE APPROPRIATE RESPONSE

REFLEX NO.	AGE RANGE	V 1	V 3	REFLEX TO BE ASSESSED
RDC36	15-15	- - - -		2. EQUILIBRIUM REACTIONS E. KNEEL-STANDING LEFT
RDC37	15-15	- - - -		2. EQUILIBRIUM REACTIONS F. STANDING RIGHT
RDC38	15-15	- - - -		2. EQUILIBRIUM REACTIONS F. STANDING LEFT
RDC39	15-18	- - - -		2. EQUILIBRIUM REACTIONS G. HOPPING (1) SIDEWAYS RIGHT
RDC40	15-18	- - - -		2. EQUILIBRIUM REACTIONS G. HOPPING (1) SIDEWAYS LEFT
RDC41	15-18	- - - -		2. EQUILIBRIUM REACTIONS G. HOPPING (2) FORWARD RIGHT
RDC42	15-18	- - - -		2. EQUILIBRIUM REACTIONS G. HOPPING (2) FORWARD LEFT
RDC43	15-18	- - - -		2. EQUILIBRIUM REACTIONS G. HOPPING (3) BACKWARD RIGHT
RDC44	15-18	- - - -		2. EQUILIBRIUM REACTIONS G. HOPPING (3) BACKWARD LEFT
RDC45	15-18	- - - -		2. EQUILIBRIUM REACTIONS H. DORSIFLEXION RIGHT
RDC46	15-18	- - - -		2. EQUILIBRIUM REACTIONS H. DORSIFLEXION LEFT
RDC47	15-15	- - - -		2. EQUILIBRIUM REACTIONS I. SEE-SAW RIGHT
RDC48	15-15	- - - -		2. EQUILIBRIUM REACTIONS I. SEE-SAW LEFT
RDC49	15-18	- - - -		2. EQUILIBRIUM REACTIONS J. SIMIAN POSTURE RIGHT
RDC50	15-18	- - - -		2. EQUILIBRIUM REACTIONS J. SIMIAN POSTURE LEFT

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* *
* ** R I S E ** *
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* RURAL INFANT STIMULATION ENVIRONMENT *
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* INITIAL ASSESSMENT FORM *
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********** DEVELOPMENTAL AREA **********
* GROSS MOTOR *
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MARKING INSTRUCTIONS

CONNECT THE DASHES IN THIS COLUMN FOR NO SUCESS (1)
CONNECT THE DASHES IN THIS COLUMN FOR SOME SUCESS (2)
CONNECT THE DASHES IN THIS COLUMN FOR TOTAL SUCESS (3)

TASK NO.	AGE RANGE	V 1	V 2	V 3	TASK TO BE ASSESSED
GMOC1	0- 1	-	-	-	LIFTS HEAD FOR 5 SECONDS WHEN PRONE
GMOC2	0- 1	-	-	-	MOVES HEAD TO SIDE WHEN HEAD SUPPORTED
GMOC3	0- 1	-	-	-	THRUSTS ARMS AND LEGS IN PLAY
GMOC4	0- 1	-	-	-	HOLDS HEAD IN LINE WITH BACK WHEN PULLED TO SITTING POSITION
GMOC5	1- 2	-	-	-	KICKS WITH KNEES AND HIPS BENT WHEN SUPINE
GMOC6	1- 2	-	-	-	TURNS FROM SIDE TO BACK
GMOC7	1- 2	-	-	-	HOLDS HEAD UP AT 90 DEGREES FOR 5 SECONDS WHEN PRONE
GMOC8	1- 2	-	-	-	TRIES TO HOLD HEAD UP WHEN HELD PARALLEL TO FLOOR BY TRUNK
GMOC9	1- 2	-	-	-	TRIES REPEATEDLY TO RAISE HEAD WHEN SUPINE
GMO10	1- 2	-	-	-	HOLDS HEAD ERECT BUT HEAD STILL BOBS UP & DOWN WHEN SITTING
GMO11	2- 3	-	-	-	LIFTS HEAD WHEN HELD VERTICALLY
GMO12	2- 3	-	-	-	TURNS FROM BACK TO SIDE
GMO13	2- 3	-	-	-	MOVES ARMS AND LEGS ON ONE SIDE OF BODY TOGETHER
GMO14	2- 3	-	-	-	MOVES ARMS TOGETHER
GMO15	2- 3	-	-	-	MOVES LEGS TOGETHER
GMO16	2- 3	-	-	-	MOVES ARMS AND TURNS HEAD VIGOROUSLY
GMO17	2- 3	-	-	-	BRINGS UP BODY COMPACTLY WHEN PICKED UP
GMO18	2- 3	-	-	-	HOLDS CHEST UP AND HEAD ERECT FOR 10 SEC. WHILE PRONE
GMO19	2- 3	-	-	-	LIFTS HEAD FOR OVER 1 MIN. WHEN PRONE
GMO20	2- 3	-	-	-	BEARS WEIGHT BRIEFLY WHEN PULLED TO STAND
GMO21	2- 3	-	-	-	HELPS SELF TO MAINTAIN POSITION WHEN SUPPORTED AT TRUNK
GMO22	2- 3	-	-	-	HEAD BOBS MINIMALLY WHEN IN SUPPORTED POSITION
GMO23	3- 4	-	-	-	TURNS HEAD IN ALL DIRECTIONS, SEATED OR LYING
GMO24	3- 4	-	-	-	HOLDS HEAD STEADY AND ERECT FOR OVER 3 MIN.
GMO25	3- 4	-	-	-	WHEN PRONE, LIFTS HEAD 90 DEGREES FROM SURFACE USING FOREARM
GMO26	3- 4	-	-	-	WHEN SUPINE, CRANES NECK TO WATCH SELF GRAB FEET WITH HANDS
GMO27	3- 4	-	-	-	ROLLS FROM SIDE TO SIDE WHEN PRONE
GMO28	3- 4	-	-	-	ROLLS FROM STOMACH TO SIDE
GMO29	3- 4	-	-	-	ROLLS FROM STOMACH TO BACK
GMO30	3- 4	-	-	-	IF PULLED TO STANDING, EXTENDS LEGS AND KEEPS BODY STRAIGHT
GMO31	3- 4	-	-	-	SITS SUPPORTED, HEAD ERECT, BACK STRAIGHT FOR 10-15 SEC.
GMO32	3- 4	-	-	-	SITS FOR 5 SEC. WITHOUT SUPPORT
GMO33	3- 4	-	-	-	BRINGS HANDS TOGETHER TOUCHING FINGERS
GMO34	4- 5	-	-	-	LIFTS HEAD AND CHEST WHEN PRONE
GMO35	4- 5	-	-	-	LIFTS HEAD AND SHOULDERS WHEN SUPINE
---	-----	-1	2	3-	---------- (CONTINUED) ----------

FORM NO 303

THIS FORM PRODUCED BY CYBERFORM INC PO BOX 43307 BIRMINGHAM AL 35243

****
* ** R I S E ** *
* RURAL INFANT STIMULATION ENVIRONMENT *
* INITIAL ASSESSMENT FORM *
********** DEVELOPMENTAL AREA **********
* GROSS MOTOR *
****

I D N U M B E R 0 1 2 3 4 5 6 7 8 9

/// OFFICE USE ONLY ///

MARKING INSTRUCTIONS

CONNECT THE DASHES IN THIS COLUMN FOR NO SUCESS (1)
CONNECT THE DASHES IN THIS COLUMN FOR SOME SUCESS (2)
CONNECT THE DASHES IN THIS COLUMN FOR TOTAL SUCESS (3)

TASK NO.	AGE RANGE	V1	V2	V3	TASK TO BE ASSESSED
GMO36	4- 5	-	-	-	BRINGS FEET TO MOUTH AND MOUTHS
GMO37	4- 5	-	-	-	MOVES ON STOMACH BY ROCKING, ROLLING AND/OR TWISTING
GMO38	4- 5	-	-	-	EXTENDS ARMS AND LEGS WHEN PRONE
GMO39	4- 5	-	-	-	PUSHES ON HANDS AND DRAWS KNEES UP IN CRAWL WHEN PRONE
GMO40	4- 5	-	-	-	WHEN SUPPORTED UNDER ARMS, STANDS AND MOVES BODY UP AND DOW
GMO41	4- 5	-	-	-	SITS WITH TRUNK SUPPORTED FOR 15 MINUTES
GMO42	4- 5	-	-	-	WHEN PULLED UP TO SITTING, STEADIES HEAD IN MIDLINE & HOLDS
GMO43	4- 5	-	-	-	GRASPS OBJECTS WHEN SEATED WITH TRUNK SUPPORT
GMO44	5- 6	-	-	-	TURNS HEAD TO RIGHT & LEFT WHEN SITTING WITH TRUNK SUPPORTED
GMO45	5- 6	-	-	-	LIFTS AND EXTENDS LEGS WHEN PRONE
GMO46	5- 6	-	-	-	ROLLS FROM BACK TO STOMACH
GMO47	5- 6	-	-	-	ON HANDS AND KNEES IN CROUCH AND MOVES SELF FORWARD OR BACK
GMO48	5- 6	-	-	-	MOVES SELF ON STOMACH WITH LEGS, STEERS WITH ARMS BACKWARDS
GMO49	5- 6	-	-	-	STANDS WHEN TRUNK SUPPORTED
GMO50	5- 6	-	-	-	FROM SUPPORTED SITTING, LEANS FORWARD OR TO SIDE
GMO51	5- 6	-	-	-	GRASPS DANGLING OBJECT WHEN SITTING WITH SUPPORT
GMO52	5- 6	-	-	-	BOUNCES WHEN SITTING WITH SUPPORT
GMO53	5- 6	-	-	-	SITS UNSUPPORTED FOR THIRTY SECONDS
GMO54	5- 6	-	-	-	MOVES FORWARD TO BALANCE ON HANDS WHEN SITTING UNSUPPORTED
GMO55	5- 6	-	-	-	APPROACHES SITTING POSTURE WHEN ROLLING FROM BACK TO STOMACH
GMO56	6- 7	-	-	-	PUSHES UP ON HANDS AND KNEES AND ROCKS BACK AND FORTH.
GMO57	6- 7	-	-	-	CREEPS WITH OBJECT(S) IN ONE OR BOTH HANDS
GMO58	6- 7	-	-	-	MOVES ON BACK BY RAISING AND LOWERING BUTTOCKS
GMO59	6- 7	-	-	-	HELPS IN BEING PULLED TO STANDING BY KEEPING LEGS STRAIGHT
GMO60	6- 7	-	-	-	PULLS SELF TO STAND
GMO61	6- 7	-	-	-	STANDS AND BEARS WEIGHT WHEN SUPPORTED
GMO62	6- 7	-	-	-	STANDS AND STEPS IN PLACE WHEN SUPPORTED
GMO63	6- 7	-	-	-	SITS FOR ONE MINUTE WITHOUT SUPPORT
GMO64	7- 8	-	-	-	CRAWLS FORWARD
GMO65	7- 8	-	-	-	CRAWLS BACKWARD
GMO66	7- 8	-	-	-	STANDS FOR OVER ONE MIN BY LEANING AGAINST SOMETHING
GMO67	7- 8	-	-	-	PULLS SELF UP TO STANDING BY USING FURNITURE
GMO68	7- 8	-	-	-	STANDS HOLDING ON TO HAND
GMO69	7- 8	-	-	-	PUTS ONE FOOT IN FRONT OF ANOTHER WHEN HELD STANDING
GMO70	7- 8	-	-	-	GETS SELF TO SITTING POSITION

(CONTINUED)

>==> THIS FORM PRODUCED BY CYBERFORM INC PO BOX 43307 BIRMINGHAM AL 35243 <==<

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* ** P I S E ** *
* *
* RURAL INFANT STIMULATION ENVIRONMENT *
* *
* INITIAL ASSESSMENT FORM *
* *
********** DEVELOPMENTAL AREA **********
* GROSS MOTOR *
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/// OFFICE USE ONLY ///

MARKING INSTRUCTIONS

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CONNECT THE DASHES IN THIS COLUMN FOR SOME SUCESS (2)
CONNECT THE DASHES IN THIS COLUMN FOR TOTAL SUCESS (3)

TASK NO.	AGE RANGE	V 1	V 2	V 3	TASK TO BE ASSESSED
GMO71	7-8	-	-	-	TURNS TO RIGHT & LEFT USING TRUNK AND LEGS WHEN PRONE
GMO72	8-9	-	-	-	CRAWLS UPSTAIRS
GMO73	8-9	-	-	-	CRAWLS ON STRAIGHTENED ARMS AND LEGS
GMO74	8-9	-	-	-	STANDS UNSUPPORTED AFTER PULLING ON FURNITURE TO STAND
GMO75	8-9	-	-	-	GETS DOWN FROM STANDING
GMO76	8-9	-	-	-	SIDE STEPS USING FURNITURE (CRUISES)
GMO77	8-9	-	-	-	SITS DOWN FROM STANDING
GMO78	9-10	-	-	-	STANDS BY STRAIGHTENING ARMS AND LEGS AND PUSHING WITH PALMS
GMO79	9-10	-	-	-	CLIMBS UP AND DOWN FROM CHAIRS
GMO80	9-10	-	-	-	CRAWLS TEN FEET
GMO81	10-11	-	-	-	STANDS ALONE
GMO82	10-11	-	-	-	STANDS BY BENDING KNEES, PUSHING OFF FROM SQUATTING
GMO83	10-11	-	-	-	STANDS ALONE AND WAVES
GMO84	10-11	-	-	-	STANDS AGAINST SUPPORT AND LEANS OVER
GMO85	10-11	-	-	-	WHEN STANDING ROTATES BODY 90 DEGREES WITHOUT MOVING FEET
GMO86	10-11	-	-	-	WALKS WHEN HOLDING ONE OR TWO HANDS
GMO87	10-11	-	-	-	SQUATS AND STOOPS
GMO88	11-12	-	-	-	WALKS ALONE FOR THREE STEPS
GMO89	11-12	-	-	-	CLIMBS UP AND DOWN STAIRS
GMO90	11-12	-	-	-	LOWERS SELF TO SITTING
GMO91	11-12	-	-	-	ROLLS A BALL FORWARD WHILE SITTING
GMO92	11-12	-	-	-	THROWS BALL WHILE SITTING
GMO93	11-12	-	-	-	ADDS STOPPING, WAVING, BACKING, CARRYING TOYS TO WALKING
GMO94	13-14	-	-	-	WALKS SIDEWAYS WITHOUT SUPPORT
GMO95	14-15	-	-	-	KNEELS AT TABLE FOR ONE MINUTE
GMO96	14-15	-	-	-	STANDS ON ONE FOOT WITH SUPPORT
GMO97	15-16	-	-	-	STOOPS TO RECOVER TOY FROM FLOOR
GMO98	15-16	-	-	-	WALKS UP STAIRS WITH SUPPORT
GMO99	16-18	-	-	-	WALKS ONE FOOT ON BALANCE BOARD
GM100	16-18	-	-	-	RUNS
GM101	16-18	-	-	-	CLIMBS INTO ADULT CHAIR
GM102	18-21	-	-	-	SQUATS IN PLAY
GM103	18-21	-	-	-	WALKS BACKWARD
GM104	18-21	-	-	-	JUMPS WITH BOTH FEET
GM105	18-21	-	-	-	WALKS DOWN STAIRS WITH SUPPORT
---	-----	1	2	3	(CONTINUED)

D--> THIS FORM PRODUCED BY CYBERFORM INC PO BOX 43307 BIRMINGHAM AL 35243 <--<

****
* RISE *
* ** R I S E ** *
* RURAL INFANT STIMULATION ENVIRONMENT *
* INITIAL ASSESSMENT FORM *
********** DEVELOPMENTAL AREA **********
* GROSS MOTOR *
****

INDUBER

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TASK NO.	AGE RANGE	V1	V2	V3	TASK TO BE ASSESSED
GM106	18-21	-	-	-	STANDS ON ONE FOOT FOR FIVE SECONDS
GM107	18-21	-	-	-	GETS DOWN FROM ADULT CHAIR INDEPENDENTLY
GM108	18-21	-	-	-	KICKS BALL
GM109	21-24	-	-	-	THROWS OBJECT OVERHAND
GM110	21-24	-	-	-	STANDS ON BALANCE BOARD 15 SECONDS
GM111	24-27	-	-	-	WALKS FOUR FEET ON BALANCE BOARD
GM112	24-27	-	-	-	JUMPS FROM BOTTOM STEP
GM113	27-30	-	-	-	WALKS UP STAIRS UNASSISTED WITHOUT ALTERNATING FEET
GM114	30-36	-	-	-	WALKS DOWN STAIRS UNASSISTED WITHOUT ALTERNATING FEET
GM115	30-36	-	-	-	RIDES TRICYCLE
GM116	30-36	-	-	-	WALKS TEN FEET ON STRAIGHT LINE
GM117	30-36	-	-	-	HOPS ON ONE FOOT TWICE
GM118	30-36	-	-	-	JUMPS DISTANCE OF 14 INCHES
GM119	36-48	-	-	-	WALKS UP STEPS ALTERNATING FEET
GM120	48-60	-	-	-	CATCHES BOUNCED BALL
GM121	60-72	-	-	-	CLIMBS FIVE RUNG LADDER
GM122	60-72	-	-	-	SKIPS TEN FEET
GM123	60-72	-	-	-	JUMPS ROPE
GM124	60-72	-	-	-	HOPS TWO TO THREE YARDS ALTERNATING FEET

&==> THIS FORM PRODUCED BY CYBERFORM INC PO BOX 43307 BIRMINGHAM AL 35243 <==&

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* ** R I S E ** *

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* RURAL INFANT STIMULATION ENVIRONMENT *

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* INITIAL ASSESSMENT FORM *

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CONNECT THE DASHES IN THIS COLUMN FOR SOME SUCESS (2)

CONNECT THE DASHES IN THIS COLUMN FOR TOTAL SUCESS (3)

TASK NO.	AGE RANGE	V 1	V 2	V 3	TASK TO BE ASSESSED
FM 1	0- 1	-	-	-	WHEN FINGERS PRIED OPEN, DROPS GRASPED OBJECT QUICKLY
FM 2	3- 4	-	-	-	REACHES FOR OBJECT WITH BOTH ARMS, OFTEN MITTING OBJECT
FM 3	3- 4	-	-	-	HOLDS RATTLE
FM 4	4- 5	-	-	-	GRASPS WITH PALMS AND FINGERS OPPOSING THUMB
FM 5	4- 5	-	-	-	BRINGS HANDS TO MIDDLE OF BODY
FM 6	4- 5	-	-	-	BRINGS OBJECTS TO MOUTH
FM 7	5- 6	-	-	-	HOLDS OBJECTS WITH THUMB AND FOREFINGER
FM 8	5- 6	-	-	-	HOLDS BOTTLE, ONE OR TWO HANDS
FM 9	5- 6	-	-	-	GRABS OR WAVES OBJECT WITH EITHER HAND
FM 10	5- 6	-	-	-	FOLLOWS OBJECT VISUALLY FROM RIGHT TO LEFT ACROSS MIDLINE
FM 11	6- 7	-	-	-	REACHES WITH ONE ARM
FM 12	5- 6	-	-	-	FOLLOWS OBJECT VISUALLY UP AND DOWN AT MIDLINE
FM 13	6- 7	-	-	-	SHAKES RATTLE
FM 14	7- 8	-	-	-	GRASPS LARGE BLOCK WITH THUMB AND FINGERS
FM 16	7- 8	-	-	-	HOLDS TWO OBJECTS SIMUTANEOUSLY, ONE IN EACH HAND
FM 16	7- 8	-	-	-	BANGS OBJECTS HELD IN HANDS TOGETHER
FM 17	7- 8	-	-	-	DROPS TOY ON PURPOSE
FM 18	7- 8	-	-	-	SHIFTS OBJECTS FROM HAND TO HAND
FM 19	7- 8	-	-	-	PULLS OUT PEG
FM 20	8- 9	-	-	-	GRASPS BLOCK USING THUMB, FIRST, AND SECOND FINGERS
FM 21	8- 9	-	-	-	CLAPS HANDS TOGETHER
FM 22	9-10	-	-	-	GRASPS SMALL OBJECT WITH THUMB AND FOREFINGER
FM 23	10-11	-	-	-	HOLDS OBJECT WITH ONE HAND AND MANEUVERS WITH OTHER HAND
FM 24	10-11	-	-	-	POKES WITH INDEX FINGER
FM 25	10-11	-	-	-	MOVES SPOON TOWARD MOUTH
FM 26	11-12	-	-	-	USES HANDS IN SEQUENCE: SQUATS, PICKS UP OBJECT IN ONE HAND
FM 27	11-12	-	-	-	PUSHES TOY WITH WHEELS
FM 28	12-13	-	-	-	PICKS UP SMALL OBJECTS WITH THUMB AND FOREFINGER
FM 29	12-13	-	-	-	PUTS PEG INTO HOLE
FM 30	12-13	-	-	-	TAKES COVERS OFF CONTAINERS
FM 31	12-13	-	-	-	POINTS WITH INDEX FINGER
FM 32	13-14	-	-	-	BUILDS TWO BLOCK TOWER
FM 33	14-15	-	-	-	HOLDS CRAYON
FM 34	14-15	-	-	-	SCRIBBLES IN IMITATION
FM 35	14-15	-	-	-	HOLDS TWO BLOCKS IN ONE HAND

(CONTINUED)

D--> THIS FORM PRODUCED BY CYBERFORM INC PO BOX 43307 BIRMINGHAM AL 35243 <--<

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* ** R I S E ** *
* *
* RURAL INFANT STIMULATION ENVIRONMENT *
* *
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********** DEVELOPMENTAL AREA **********
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INDEX

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/// OFFICE USE ONLY ///
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MARKING INSTRUCTIONS
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_____ CONNECT THE DASHES IN THIS COLUMN FOR NO SUCESS (1)
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| | |

TASK NO.	AGE RANGE	V 1	V 2	V 3	TASK TO BE ASSESSED
FM 36	15-16	-	-	-	PLACES ONE FORM CORRECTLY IN FORMBOARD
FM 37	16-18	-	-	-	BUILDS THREE TO FOUR BLOCK TOWER
FM 38	17-18	-	-	-	IMITATES CIRCULAR SCRIBBLING
FM 39	19-24	-	-	-	TURNS DOORKNOB
FM 40	21-22	-	-	-	LINES UP BLOCKS AS A TRAIN
FM 41	24-29	-	-	-	BUILDS 5 TO 6 BLOCK TOWER
FM 42	24-29	-	-	-	FOLDS PAPER IN IMITATION - ONE FOLD
FM 43	24-29	-	-	-	BUILDS TOWER OF 6 TO 7 BLOCKS
FM 44	24-29	-	-	-	PLACES TWO FORMS IN FORMBOARD CORRECTLY
FM 45	24-29	-	-	-	COPIES HORIZONTAL LINE
FM 46	24-29	-	-	-	COPIES VERTICAL LINE
FM 47	24-29	-	-	-	ROLLS, POUNDS AND SQUEEZES CLAY
FM 48	24-29	-	-	-	FILLS AND DUMPS CONTAINERS
FM 49	24-29	-	-	-	UNSCREWS LID
FM 50	30-35	-	-	-	PLACES THREE FORMS CORRECTLY IN FORMBOARD
FM 51	30-35	-	-	-	COPIES CROSS
FM 52	35-30	-	-	-	COPIES "H"
FM 53	30-35	-	-	-	BUILDS TOWER OF 8 BLOCKS
FM 54	30-35	-	-	-	BOUNCES BALL WITH ONE HAND
FM 55	35-36	-	-	-	COMPLETES CORRECTLY FOUR PIECE FORMBOARD
FM 56	35-36	-	-	-	CUTS WITH SISSORS
FM 57	35-36	-	-	-	PAINTS DOT, STROKES, AND CIRCULAR SHAPE
FM 58	36-48	-	-	-	STRINGS FOUR BEADS SIZE: _____
FM 59	36-48	-	-	-	IMITATES THREE BLOCK BRIDGE
FM 60	36-48	-	-	-	COPIES "T"
FM 61	36-48	-	-	-	COMPLETES TEN PEG PEGBOARD (REPLACES REMOVED PEG)
FM 62	36-48	-	-	-	COPIES DIAMOND
FM 63	48-60	-	-	-	HOLDS PENCIL CORRECTLY
FM 64	48-60	-	-	-	DRAWS A CIRCLE
FM 65	48-60	-	-	-	DRAWS A SQUARE
FM 66	48-60	-	-	-	DRAWS A TRIANGLE
FM 67	48-60	-	-	-	DRAWS A RECTANGLE
FM 68	48-60	-	-	-	DRAWS A DIAMOND
FM 69	48-60	-	-	-	PRINTS TWO TO FOUR CAPITAL LETTERS
FM 70	48-60	-	-	-	HOLDS PAPER WITH OTHER HAND WHILE COLORING

>==> THIS FORM PRODUCED BY CYBERFORM INC PO BOX 43307 BIRMINGHAM AL 35243 <==<

****
* RISE *
* RURAL INFANT STIMULATION ENVIRONMENT *
* INITIAL ASSESSMENT FORM *
********** DEVELOPMENTAL AREA **********
* FINE MOTOR *
****

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INDUCTIVE

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TASK NO.	AGE RANGE	V1	V2	V3	TASK TO BE ASSESSED
FM 71	60-72	-	-	-	COPIES A STAR
FM 72	60-72	-	-	-	COPIES A RECTANGLE WITH DIAGONALS
FM 73	60-72	-	-	-	COPIES FIRST NAME
FM 74	60-72	-	-	-	COPIES NUMBERS 1, 2, 3, 4, 5
FM 75	60-72	-	-	-	PRINTS FIRST NAME
FM 76	60-72	-	-	-	PRINTS NUMBERS 1, 2, 3, 4, 5

(CONTINUED)

D--> THIS FORM PRODUCED BY CYBERFORM INC PO BOX 43307 BIRMINGHAM AL 35243 <--<

****
* ** R I S E ** *
* RURAL INFANT STIMULATION ENVIRONMENT *
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* COGNITIVE *
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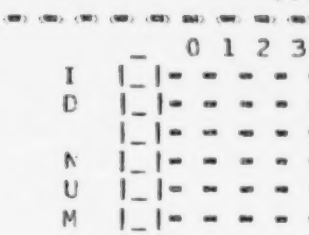

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	TASK NO.	AGE RANGE	V 1	V 2	V 3	TASK TO BE ASSESSED
C	1	0- 1	-	-	-	LOOKS AT PERSON MOMENTARILY
C	2	0- 1	-	-	-	STOPS SUCKING TO LOOK AT SOMETHING
C	3	0- 1	-	-	-	COORDINATES EYES WHEN LOOKING AT LIGHT OR OBJECT
C	4	0- 1	-	-	-	CRIES DELIBERATELY FOR ASSISTANCE
C	5	1- 2	-	-	-	STARTLES TO SOUND
C	6	1- 2	-	-	-	STARES INDEFINITELY AT SURROUNDINGS
C	7	1- 2	-	-	-	ATTENDS TO MOVING OBJECTS
C	8	1- 2	-	-	-	QUIETS TO VOICE
C	9	2- 3	-	-	-	RESPONDS FACIALLY TO OBJECTS
C	10	2- 3	-	-	-	ATTENDS TO PICTURE OR TOY
C	11	2- 3	-	-	-	GLANCES FROM ONE OBJECT TO ANOTHER
C	12	2- 3	-	-	-	WATCHES HANDS AND FEET
C	13	2- 3	-	-	-	STOPS SUCKING TO LISTEN
C	14	2- 3	-	-	-	LOOKS AND SUCKS AT SAME TIME
C	15	2- 3	-	-	-	SEARCHES FOR SOUND WITH EYES
C	16	2- 3	-	-	-	VISUALLY FOLLOWS OBJECT OR PERSON MOVEMENTS
C	17	3- 4	-	-	-	LOOKS FROM HAND TO NEARBY OBJECT, REACHES, GRABS AND LETS GO
C	18	3- 4	-	-	-	PULLS DANGLING OBJECT TO SELF
C	19	3- 4	-	-	-	MOVES OBJECT TO MOUTH
C	20	3- 4	-	-	-	SMILES AND VOCALIZES WHEN SEES FACE
C	21	3- 4	-	-	-	RECOGNIZES MOTHER
C	22	3- 4	-	-	-	FINGERS HANDS IN PLAY
C	23	4- 5	-	-	-	SMILES AND VOCALIZES AT MIRROR IMAGE
C	24	4- 5	-	-	-	PEEKERS ONE TOY TO ANOTHER
C	25	4- 5	-	-	-	MOVES OBJECTS BY KICKING
C	26	5- 6	-	-	-	TURNS HEAD DELIBERATELY TO SOUND
C	27	5- 6	-	-	-	TURNS HEAD DELIBERATELY TO FOLLOW VANISHING OBJECT
C	28	5- 6	-	-	-	RAISES HAND IN VICINITY OF OBJECT
C	29	5- 6	-	-	-	GLANCES BETWEEN HAND AND OBJECT, CLOSES GAP AND GRASPS
C	30	5- 6	-	-	-	REACHES FOR OBJECT WITH TWO HANDS
C	31	5- 6	-	-	-	TOUCHES, TURNS, HOLDS, SHAKES, AND MOUTHS OBJECTS
C	32	5- 6	-	-	-	LEANS OVER TO LOOK FOR FALLEN OBJECT
C	33	6- 7	-	-	-	REACHES AND GRASPS FOR COLORFUL OBJECT
C	34	6- 7	-	-	-	LOOKS FOR OBJECTS HE/SHE DROPS
C	35	6- 7	-	-	-	COOS, HUMS, OR STOPS CRYING TO MUSIC

(CONTINUED)

>==> THIS FORM PRODUCED BY CYBERFORM INC PO BOX 43307 BIRMINGHAM AL 35243 <==<

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* ** R I S E ** *
* *
* RURAL INFANT STIMULATION ENVIRONMENT *
* *
* INITIAL ASSESSMENT FORM *
* *
********** DEVELOPMENTAL AREA **********
* COGNITIVE *
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INDEX

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| | |

TASK NO.	AGE RANGE	V	V	V	TASK TO BE ASSESSED
		1	2	3	
C 36	6- 7	-	-	-	MOVES OBJECTS FROM HAND TO HAND
C 37	6- 7	-	-	-	HOLDS ONE BLOCK, REACHES FOR SECOND, LOOKS AT THIRD
C 38	6- 7	-	-	-	HOLDS ARMS OUT TO BE PICKED UP
C 39	7- 8	-	-	-	REACHES FOR AND GRASPS TOY WITH ONE HAND
C 40	7- 8	-	-	-	GRASPS FOR OBJECTS ONLY WITHIN REACH
C 41	7- 8	-	-	-	GRASPS, TURNS, MOUTHS, SHAKES, AND BANGS TOYS
C 42	7- 8	-	-	-	IMITATES ACTIONS OF OTHERS
C 43	7- 8	-	-	-	RESPONDS PLAYFULLY TO OWN IMAGE IN MIRROR
C 44	7- 8	-	-	-	COMPARES SIZE DIFFERENCES OF SIMILAR OBJECTS
C 45	7- 8	-	-	-	HOLDS TWO OR THREE TOYS OFFERED
C 46	7- 8	-	-	-	LAUGHS AT PAT-A-CAKE AND PEEK-A-BOO
C 47	7- 8	-	-	-	MAKES RESPONSIVE GESTURE TO MAKE INTERESTING SIGHT LAST
C 48	7- 8	-	-	-	MANIPULATES TOY PURPOSEFULLY
C 49	7- 8	-	-	-	PUSHES ASIDE OBSTACLES TO OBTAIN VISIBLE OBJECT
C 50	7- 8	-	-	-	MOVES SELF TO OBTAIN OBJECT OR TOY
C 51	8- 9	-	-	-	FINDS PARTIALLY COVERED OBJECT
C 52	8- 9	-	-	-	MANIPULATES SOUND OR ACTION TOY TO OBTAIN SPECIFIC RESPONSE
C 53	8- 9	-	-	-	USES SOMEONE'S HAND OR BODY TO PRODUCE DESIRED RESULT
C 54	8- 9	-	-	-	MOVES OBJECTS IN AND OUT OF CONTAINERS
C 55	8- 9	-	-	-	WATCHES HANDS IN VARIOUS POSITIONS HOLDING & DROPPING OBJEC
C 56	8- 9	-	-	-	SEARCHES FOR HIDDEN OBJECT IF WATCHES OBJECT BEING HIDDEN
C 57	8- 9	-	-	-	PULLS STRING TO OBTAIN ATTACHED TOY
C 58	8- 9	-	-	-	KICKS AT HANGING TOY TO TRY TO GET IT
C 59	9-10	-	-	-	FEARS HEIGHTS
C 60	9-10	-	-	-	GRASPS SMALL OBJECT WITH FINGER AND THUMB
C 61	9-10	-	-	-	GRASPS LARGE OBJECTS WITH BOTH HANDS
C 62	9-10	-	-	-	PARTIALLY COVERS EYES OR LOOKS UPSIDE DOWN AT OBJECTS
C 63	9-10	-	-	-	UNCOVERS TOY HE HAS SEEN HIDDEN
C 64	9-10	-	-	-	REMEMBERS GAME FROM PREVIOUS DAY
C 65	9-10	-	-	-	REFUSES TO BE DISTRACTED FROM AN ACTIVITY
C 66	9-10	-	-	-	PICKS UP AND MANIPULATES TWO OBJECTS, ONE IN EACH HAND
C 67	9-10	-	-	-	PUSHES OBJECTS AGAINST EACH OTHER
C 68	9-10	-	-	-	DROPS ONE OF TWO BLOCKS TO PICK UP A THIRD
C 69	9-10	-	-	-	MOVES AROUND OBSTACLE TO OBTAIN DESIRED OBJECT
C 70	9-10	-	-	-	WAVES BYE-BYE
		1	2	3	(CONTINUED)

FORM NO. 001

>==> THIS FORM PRODUCED BY CYBERFORM INC PO BOX 43307 BIRMINGHAM AL 35243 <==<

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* ** R I S E ** *
* RURAL INFANT STIMULATION ENVIRONMENT *
* INITIAL ASSESSMENT FORM *
********** DEVELOPMENTAL AREA **********
* COGNITIVE *
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/// OFFICE USE ONLY ///

MARKING INSTRUCTIONS

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CONNECT THE DASHES IN THIS COLUMN FOR SOME SUCESS (2)
CONNECT THE DASHES IN THIS COLUMN FOR TOTAL SUCESS (3)

	TASK NO.	AGE RANGE	1	2	3	TASK TO BE ASSESSED
C	71	10-11	-	-	-	REACHES BEHIND SELF FOR TOY WITHOUT LOOKING
C	72	10-11	-	-	-	CRUMPLES PAPER
C	73	10-11	-	-	-	RATTLES BOX
C	74	10-11	-	-	-	POINTS, POKES, PRIES, AND TOUCHES WITH EXTENDED INDEX FINGER
C	75	10-11	-	-	-	LOOKS FOR CONTENTS OF BOX
C	76	10-11	-	-	-	LIFTS INVERTED BOX IN SEARCH OF TOY
C	77	10-11	-	-	-	SEARCHES IN SAME PLACE FOR OBJECT HE HAS SEEN HIDDEN THERE
C	78	10-11	-	-	-	TRIES TO SHARE FOOD WITH OTHERS
C	79	10-11	-	-	-	MATCHES TWO BLOCKS OF SAME SIZE AND COLOR
C	80	11-12	-	-	-	MOVES OBJECT FROM ONE CONTAINER TO ANOTHER
C	81	11-12	-	-	-	POINTS TO OBJECT SEEN THROUGH GLASS
C	82	11-12	-	-	-	LIFTS LID FROM BOX
C	83	11-12	-	-	-	USES BOTH HANDS SIMULTANEOUSLY FOR DIFFERENT PURPOSES
C	84	11-12	-	-	-	MEOWS FOR KITTEN
C	85	11-12	-	-	-	POINTS UPWARD WHEN SEES BIRD
C	86	11-12	-	-	-	REMOVES RINGS FROM STACK
C	87	11-12	-	-	-	PLACES RINGS ON STACK
C	88	11-12	-	-	-	LOOKS AT PICTURE BOOK
C	89	11-12	-	-	-	TURNS PAGES OF BOOK, NOT NECESSARILY ONE AT A TIME
C	90	11-12	-	-	-	BUILDS TOWER OF TWO BLOCKS
C	91	12-13	-	-	-	REACHES ACCURATELY FOR OBJECT AS HE LOOKS AWAY
C	92	12-13	-	-	-	ROTATES, REVERSES, AND STACKS OBJECTS
C	93	12-13	-	-	-	FINDS TOY UNDER BOX , CUP, OR PILLOW
C	94	12-13	-	-	-	SEARCHES IN MORE THAN ONE PLACE IF WATCHES OBJECT HIDDEN
C	95	12-13	-	-	-	HOLDS OBJECT IN ONE HAND, EXPLORES WITH THE OTHER
C	96	12-13	-	-	-	USES TRIAL AND ERROR TO SOLVE PROBLEMS
C	97	12-13	-	-	-	BUILDS TOWER OF THREE BLOCKS IN IMITATION
C	98	12-13	-	-	-	GROUPS OBJECTS BY SHAPE
C	99	12-13	-	-	-	GROUPS OBJECTS BY COLOR
C	100	12-13	-	-	-	PUTS ONE OF TWO OBJECTS UNDER ARM OR IN MOUTH & GRABS THIRD
C	101	12-13	-	-	-	IMITATES USE OF TOY AFTER SHOWN
C	102	12-13	-	-	-	FINDS OBJECT HIDDEN ALTERNATELY UNDER ONE OF TWO CLOTHES
C	103	12-13	-	-	-	HIDES TOYS TO FIND THEM AGAIN
C	104	12-13	-	-	-	PUTS SMALL OBJECTS IN CONTAINERS, DUMPS AND REPEATS
C	105	12-13	-	-	-	SPINS TOYS

(CONTINUED)

FORM NO. 1002

>--> THIS FORM PRODUCED BY CYBERFORM INC PO BOX 43307 BIRMINGHAM AL 35243 <--<

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* RURAL INFANT STIMULATION ENVIRONMENT *
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* INITIAL ASSESSMENT FORM *
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********** DEVELOPMENTAL AREA **********
* COGNITIVE *
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MARKING INSTRUCTIONS
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_____ CONNECT THE DASHES IN THIS COLUMN FOR NO SUCESS (1)
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| | |

TASK NO.	AGE RANGE	V 1	V 2	V 3	TASK TO BE ASSESSED
C 106	12-13	-	-	-	ROLLS OR SLIDES OBJECTS
C 107	12-13	-	-	-	WATCHES ACTION TOY PERFORM WITHOUT INTERFERRING
C 108	12-13	-	-	-	SAYS TWO WORDS OTHER THAN MAMA OR DADA
C 109	12-13	-	-	-	OBEYS SIMPLE COMMANDS WITH GESTURE (EX: NO, SIT DOWN)
C 110	12-13	-	-	-	LOOKS IN CORRECT PLACE FOR TOYS THAT ROLL OUT OF SIGHT
C 111	12-13	-	-	-	SHOWS AFFECTION
C 112	12-13	-	-	-	POINTS WITH INDEX FINGER AT OBJECTS HE WANTS
C 113	12-13	-	-	-	OFFERS TOY TO ANOTHER PERSON
C 114	13-14	-	-	-	HAS VOCABULARY OF 4 OR MORE WORDS
C 115	13-14	-	-	-	CAN POINT TO EYES, NOSE, EARS, MOUTH, AND HAIR ON REQUEST
C 116	14-15	-	-	-	UNWRAPS TOYS
C 117	14-15	-	-	-	REACHES AROUND GLASS FOR TOY
C 118	14-15	-	-	-	PUTS NINE BLOCKS INTO CUP
C 119	15-16	-	-	-	FINDS OBJECTS HIDDEN UNDER ONE OF THREE SUCESSIVE CLOTHS
C 120	15-16	-	-	-	INDICATES SEQUENCE OF OBJECTS HAS BEEN CHANGED
C 121	15-16	-	-	-	BUILDS TOWER OF THREE TO FOUR BLOCKS BY SELF
C 122	15-16	-	-	-	LOOKS AT PICTURES IN BOOK AND PATS PAGE
C 123	16-17	-	-	-	USES STICK TO GATHER AND REACH OBJECTS
C 124	16-17	-	-	-	GIVES OBJECT TO ADULT & WANTS ADULT TO DO SOMETHING WITH IT
C 125	16-17	-	-	-	REMEMBERS ACTIVITY AND PERFORMS IT LATER
C 126	16-17	-	-	-	TURNS PAGES OF PICTURE BOOK SINGLY
C 127	16-17	-	-	-	TALKS IN JARGON WITH FEW INTELLIGIBLE WORDS
C 128	16-17	-	-	-	USES SIX OR SEVEN WORDS MEANINGFULLY
C 129	17-18	-	-	-	BUILDS TOWER OF 6 OR 7 BLOCKS
C 130	17-18	-	-	-	NAMES OBJECT IN RESPONSE TO "WHAT IS IT ?"
C 131	17-18	-	-	-	FOLLOWS DIRECTION OF "PUT DOLL IN CHAIR"
C 132	18-19	-	-	-	IMITATES SIMPLE STROKES WITH PAINT OR CRAYON
C 133	18-19	-	-	-	FOLLOWS ONE STEP DIRECTIONS
C 134	18-19	-	-	-	IDENTIFIES PICTURES IN BOOK. EX: FIND BALL
C 135	18-19	-	-	-	TRIES TO SING
C 136	18-19	-	-	-	TRIES TO JOIN IN RHYTHM GAMES
C 137	18-19	-	-	-	WANTS SAME BIB, SPOON
C 138	18-19	-	-	-	ECHOES MAIN WORD OR LAST WORD SAID TO HIM
C 139	18-19	-	-	-	NAMES ONE PICTURE OF FIVE COMMON OBJECTS
C 140	19-20	-	-	-	MOUTHS ONLY EDIBLE SUBSTANCES

(CONTINUED)

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D==> THIS FORM PRODUCED BY CYBERFORM INC PO BOX 43307 BIRMINGHAM AL 35243 <==C

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* ** R I S E ** *
* RURAL INFANT STIMULATION ENVIRONMENT *
* INITIAL ASSESSMENT FORM *
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* COGNITIVE *
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INDIVIDUAL RECORD

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MARKING INSTRUCTIONS

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	TASK NO.	AGE RANGE	1	2	3	TASK TO BE ASSESSED
C	141	19-20	-	-	-	POINTS TO 3 PICTURES APPROPRIATELY
C	142	20-21	-	-	-	FINDS OBJECT HIDDEN UNDER CLOTH WHEN NOT LOOKING
C	143	21-22	-	-	-	POINTS TO FIVE OF SIX PICTURES OF COMMON OBJECTS
C	144	23-24	-	-	-	PLACES BLOCKS ON FORMBOARD RANDOMLY
C	145	24-25	-	-	-	POINTS TO OBJECTS SIMILAR TO THE FAMILIAR SAMPLE
C	146	24-25	-	-	-	IMITATES SIMPLE WORDS WHEN REQUESTED
C	147	24-25	-	-	-	IMITATES VERTICLE STROKE
C	148	24-25	-	-	-	RECOGNIZES FAMILIAR ADULTS IN PHOTOGRAPH
C	149	24-25	-	-	-	REFERS TO SELF BY NAME
C	150	24-25	-	-	-	TALKS TO SELF CONTINUOUSLY AS HE/SHE PLAYS
C	151	24-25	-	-	-	POINTS TO & CORRECTLY REPEATS HAIR, FEET, NOSE, EYES, MOUTH
C	152	24-25	-	-	-	USES I, ME, YOU, IN SPEECH
C	153	24-25	-	-	-	DEMONSTRATES SIZE CONCEPT OF BIG AND LITTLE
C	154	24-25	-	-	-	MATCHES FAMILIAR OBJECTS
C	155	24-25	-	-	-	DEMONSTRATES KNOWLEDGE OF PREPOSITIONS IN AND ON
C	156	24-25	-	-	-	SELECTS OWN TOYS OR CLOTHING FROM OTHERS
C	157	24-25	-	-	-	BUILDS PYRAMID WITH BLOCKS
C	158	25-30	-	-	-	ANSWERS CORRECTLY "ARE YOU A BOY OR A GIRL ?"
C	159	30-33	-	-	-	PLACES CIRCLE IN PROPER HOLE OF FORMBOARD
C	160	36-40	-	-	-	MATCHES THREE PRIMARY COLORS
C	161	36-40	-	-	-	MATCHES THREE GEOMETRIC SHAPES OR FORMS
C	162	36-40	-	-	-	UNDERSTANDS CONCEPTS OF NEAR AND FAR
C	163	40-42	-	-	-	UNDERSTANDS CONCEPTS OF PAST AND PRESENT
C	164	42-48	-	-	-	FINDS PICTURES OF ANIMALS THAT ARE ALIKE
C	165	48-49	-	-	-	MATCHES FOUR COLORS
C	166	48-49	-	-	-	COMPLETES SEVEN PIECE PUZZLE
C	167	48-49	-	-	-	COMPLETES "A HAT GOES ON YOUR HEAD, SHOES GO ON YOUR ____."
C	168	48-49	-	-	-	ABLE TO SORT DIFFERENT TEXTURES
C	169	48-49	-	-	-	UNDERSTANDS HEAVY AND LIGHT
C	170	48-49	-	-	-	UNDERSTANDS LARGE AND SMALL
C	171	48-49	-	-	-	UNDERSTANDS HOT AND COLD
C	172	48-49	-	-	-	COUNTS FOUR OBJECTS
C	173	49-54	-	-	-	COUNTS FOUR OBJECTS AND ANSWERS HOW MANY
C	174	54-60	-	-	-	DRAWS HUMAN FIGURE WITH HEAD, BODY, ARMS AND LEGS
C	175	54-60	-	-	-	KNOWS AGE

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>==> THIS FORM PRODUCED BY CYBERFORM INC PO BOX 43367 BIRMINGHAM AL 35243 <==<

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* ** P I S E ** *
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* RURAL INFANT STIMULATION ENVIRONMENT *
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* INITIAL ASSESSMENT FORM *
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********** DEVELOPMENTAL AREA **********
* COGNITIVE *
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TASK NO.	AGE RANGE	V1	V2	V3	TASK TO BE ASSESSED
C 176	54-60	-	-	-	GIVES HOME ADDRESS
C 177	54-60	-	-	-	KNOWS MORNING AND AFTERNOON
C 178	54-60	-	-	-	DRAWS SIMPLE HOUSE
C 179	54-60	-	-	-	KNOWS DAY AND NIGHT
C 180	54-60	-	-	-	DISTINGUISHES PAST, PRESENT AND FUTURE EVENTS
C 181	54-60	-	-	-	KNOWS SEASONS OF THE YEAR
C 182	54-60	-	-	-	RELATES EVENTS TO SEASONS OF THE YEAR
C 183	54-60	-	-	-	IDENTIFIES THREE OF FOUR COINS BY NAME
C 184	54-60	-	-	-	MAKES OPPOSITE ANALOGIES
C 185	54-60	-	-	-	NAMES MATERIALS OBJECTS ARE MADE OF
C 186	54-60	-	-	-	UNDERSTANDS SAME AND DIFFERENT
C 187	60-66	-	-	-	COUNTS SIX OBJECTS WHEN ASKED HOW MANY
C 188	60-66	-	-	-	ANSWERS CORRECTLY "WHICH IS BIGGER, A CAT OR A MOUSE ?"
C 189	60-66	-	-	-	TELLS WHICH NUMBER FOLLOWS "8"
C 190	66-72	-	-	-	KNOWS FUNCTION OF 15 OBJECTS ("WHAT POUNCES ?"
C 191	66-72	-	-	-	FORMS A RECTANGLE OF TWO TRIANGULAR CARDS
C 192	66-72	-	-	-	DRAWS SIMPLE BUT EASILY RECOGNIZED FORMS
C 193	66-72	-	-	-	DEMONSTRATES KNOWLEDGE OF LEFT FROM RIGHT
C 194	66-72	-	-	-	DEMONSTRATES KNOWLEDGE OF THE CONCEPTS 1ST, 2ND AND 3RD
C 195	66-72	-	-	-	CLASSIFIES BY MORE THAN ONE PROPERTY TO FORM SUBGROUPS
C 196	66-72	-	-	-	RECOGNIZES THAT A QUANTITY DOES NOT VARY IN DIFFERENT SPACE
C 197	66-72	-	-	-	ORDERS SAME OBJECTS IN TWO DIFFERENT SERIES

FORM NO. 207

>--> THIS FORM PRODUCED BY CYBERFORM INC PO BOX 43367 BIRMINGHAM AL 35243 <--<

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| | |

TASK NO.	AGE RANGE	V 1	V 2	V 3	TASK TO BE ASSESSED
S 1	0- 1	-	-	-	SHOWS DISTRESS (CRIES, ETC.)
S 2	0- 1	-	-	-	QUIETS WHEN PICKED UP
S 3	1- 2	-	-	-	RESPONSS POSITIVELY TO COMFORT, NEGATIVELY TO PAIN
S 4	1- 2	-	-	-	SMILES AT FACE OR VOICE
S 5	1- 2	-	-	-	MAKES EYE CONTACT
S 6	1- 2	-	-	-	CLINGS WHEN HELD (ASSUMES MOTHERING POSITION)
S 7	1- 2	-	-	-	SOMETIMES STOPS ALL ACTIVITY TO STARE AT SURROUNDINGS
S 8	1- 2	-	-	-	CEASES CRYING WHEN PICKED UP, CUDDLED OR FED
S 9	2- 3	-	-	-	CAN QUIET SELF WITH SUCKING
S 10	2- 3	-	-	-	REGARDS PERSON ALERTLY & DIRECTLY (EX. ORIENTS, MOVES ARMS)
S 11	2- 3	-	-	-	QUIETS TO SEEING A FACE
S 12	3- 4	-	-	-	PLAYS WITH OWN HANDS AND FEET
S 13	3- 4	-	-	-	SMILES
S 14	3- 4	-	-	-	VISUALLY RECOGNIZES MOTHER
S 15	3- 4	-	-	-	ENJOYS PEOPLE WITHOUT DISTINGUISHING STRANGERS FROM FAVORITE
S 16	3- 4	-	-	-	TURNS HEAD TOWARD SPEAKING/SINGING VOICES, FAMILIAR PERSONS
S 17	3- 4	-	-	-	VOCALIZES SOME WHEN TALKED TO
S 18	4- 5	-	-	-	VOCALIZES MOODS, ENJOYMENT, DISTRESS
S 19	4- 4	-	-	-	SHOWS ANTICIPATION BY BREATHING HEAVILY
S 20	4- 5	-	-	-	VOCALIZATION TO HANDLING
S 21	4- 5	-	-	-	VOCALIZES WHEN PULLED TO SIT, NOT CONTENT TO LIE DOWN
S 22	4- 5	-	-	-	VOCALIZES WHEN PULLED TO SIT, NOT CONTENT TO LIE DOWN
S 23	4- 5	-	-	-	PULLS BACK WHEN ADULT PLAYFULLY TRIES TO TAKE TOY
S 24	5- 6	-	-	-	CRIES WHEN FEARFUL, ANGRY
S 25	5- 6	-	-	-	SMILES & VOCALIZES TO MIRROR IMAGE, MAY HIT MIRROR PLAYFULLY
S 26	5- 6	-	-	-	MAKES FACE IN IMITATION
S 27	5- 6	-	-	-	SMILES TO HUMAN VOICES AND FACES
S 28	5- 6	-	-	-	DISTINGUISHES FAMILIAR AND UNFAMILIAR ADULTS
S 29	5- 6	-	-	-	TEASES
S 30	5- 6	-	-	-	SHOWS ANTICIPATION, WAVES AND RAISES ARMS TO BE PICKED UP
S 31	5- 6	-	-	-	VOCALIZES TO INTERPRET OTHER'S CONVERSATION
S 32	6- 7	-	-	-	TURNS TO HEAR HIS NAME
S 33	6- 7	-	-	-	DISTURBED BY STRANGERS
S 34	6- 7	-	-	-	SMILES AT, REACHES OUT TO PAT STRANGE CHILDREN
S 35	6- 7	-	-	-	VOCALIZES FOR HELP

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▷==> THIS FORM PRODUCED BY CYBERFORM INC PO BOX 43307 BIRMINGHAM AL 35243 <==◁

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* ** R I S E ** *

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* RURAL INFANT STIMULATION ENVIRONMENT *

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* INITIAL ASSESSMENT FORM *

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********** DEVELOPMENTAL AREA **********

* SOCIAL *

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	TASK NO.	AGE RANGE	V 1	V 2	V 3	TASK TO BE ASSESSED
S	36	6-7	-	-	-	PLAYS PEEK A BOO, PAT A CAKE
S	37	7-8	-	-	-	EXPLORES BODY WITH MOUTH AND HANDS
S	38	7-8	-	-	-	SMILES AND LAUGHS IN APPROPRIATE SITUATIONS
S	39	7-8	-	-	-	DISTINGUISHES FRIENDLY AND ANGRY VOICES
S	40	8-9	-	-	-	PATS MIRROR IMAGE
S	41	8-9	-	-	-	IS CLEARLY ATTACHED TO MOTHER. FEARS SEPARATION FROM MOTHER
S	42	8-9	-	-	-	FEARS STRANGERS
S	43	8-9	-	-	-	PUSHES AWAY SOMETHING HE DOESN'T WANT
S	44	9-10	-	-	-	RECOGNIZES MOTHER AND SELF IN MIRROR
S	45	9-10	-	-	-	PERFORMS FOR HOME AUDIENCE
S	46	9-10	-	-	-	REPEATS ACT IF APPLAUDED
S	47	9-10	-	-	-	PROTECTS SELF AND POSSESSIONS. EX. FIGHTS FOR TOYS
S	48	9-10	-	-	-	SENSITIVE TO OTHER CHILDREN. EX: CRIES IF THEY CRY
S	49	9-10	-	-	-	SHOWS INTEREST IN OTHER'S PEOPLE'S PLAY
S	50	9-10	-	-	-	IMITATES PLAY
S	51	9-10	-	-	-	OBJECTS LOUDLY TO DISAPPEARANCE OF TOY OR PERSON
S	52	10-11	-	-	-	SHOWS MOOD, LOOKS HURT, SAD, HAPPY, UNCOMFORTABLE, ANGRY
S	53	10-11	-	-	-	IMITATES GESTURES, FACIAL EXPRESSIONS AND SOUNDS
S	54	10-11	-	-	-	AWARE OF SOCIAL APPROVAL AND DISAPPROVAL
S	55	11-12	-	-	-	ASSERTS SELF AMONG SIBLINGS
S	56	11-12	-	-	-	OBEYS SIMPLE COMMANDS WHICH MAY INHIBIT HIS OWN BEHAVIOR
S	57	11-12	-	-	-	SEEKS APPROVAL. TRIES TO AVOID DISAPPROVAL.
S	58	11-12	-	-	-	OPPOSES REMOVAL OF TOYS
S	59	11-12	-	-	-	EXTENDS BUT DOES NOT RELEASE TOY TO PERSON
S	60	11-12	-	-	-	ESTABLISHES MEANING OF NO.
S	61	11-12	-	-	-	SHOWS GUILT AT WRONG DOING
S	62	11-12	-	-	-	GIVES AFFECTION - HUGS - PATS FAMILIAR PEOPLE
S	63	12-13	-	-	-	EXPRESSES EMOTIONS AND RECOGNIZES THEM IN OTHERS
S	64	12-13	-	-	-	RESISTS NAPPING
S	65	12-13	-	-	-	HAS TANTRUMS
S	66	12-13	-	-	-	PLAYS GAMES WITH UNDERSTANDING
S	67	12-13	-	-	-	GIVES UP TOYS UPON REQUEST
S	68	12-13	-	-	-	PREFERS CERTAIN PEOPLE TO OTHERS
S	69	13-13	-	-	-	CHASING AND HIDING GAMES ARE GREAT FAVORITES
S	70	14-14	-	-	-	INDICATES WANTS BY POINTING AND VOCALIZING

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*            ** R I S E **                   *
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* RURAL INFANT STIMULATION ENVIRONMENT       *
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*       INITIAL ASSESSMENT FORM              *
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********** DEVELOPMENTAL AREA **********
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MARKING INSTRUCTIONS

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_____ CONNECT THE DASHES IN THIS COLUMN FOR NO SUCESS (1)
|  ___ CONNECT THE DASHES IN THIS COLUMN FOR SOME SUCESS (2)
|  |  _ CONNECT THE DASHES IN THIS COLUMN FOR TOTAL SUCESS (3)
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	TASK NO.	AGE RANGE	V 1	V 2	V 3	TASK TO BE ASSESSED
S	71	14-14	-	-	-	IMITATES HOUSEWORK
S	72	15-15	-	-	-	OFTEN INDICATES REFUSAL BY BODILY PROTEST
S	73	15-15	-	-	-	THROWS TOYS IN REJECTION
S	74	15-15	-	-	-	IS CURIOUS, ACTIVE, NEEDS TO BE RESTRICTED
S	75	16-17	-	-	-	SHOWS OR OFFERS TOYS TO ADULT
S	76	17-18	-	-	-	IS EASILY DIVERTED AND ENTERTAINED
S	77	18-23	-	-	-	EXPLORES ENVIRONMENT ENERGETICALLY
S	78	18-23	-	-	-	BRIEFLY IMITATES SIMPLE ACTIONS READING BOOK, KISSING DOLL
S	79	18-23	-	-	-	ALTERNATES BETWEEN CLINGING & RESISTANCE WITH FAMILIAR ADULT
S	80	18-23	-	-	-	OFTEN DOES THE OPPOSITE OF WHAT IS ASKED OF HIM
S	81	18-23	-	-	-	UNDERSTANDS WHAT BELONGS TO DIFFERENT PEOPLE (MOM'S SHOES)
S	82	18-23	-	-	-	PLAYS NEAR CHILDREN, NOT WITH THEM. NO TOY EXCHANGE
S	83	18-23	-	-	-	SHIFTS ENDLESSLY FROM ONE PLAY ACTIVITY TO ANOTHER
S	84	24-29	-	-	-	WITH ADULT HELP BEGINS TO EXCHANGE TOYS WITH OTHER CHILDREN
S	85	24-29	-	-	-	HAS PRIDE IN OWN CLOTHES, ESPECIALLY SHOES AND SOCKS
S	86	24-29	-	-	-	FOLLOWS MOTHER AROUND HOUSE AND COPIES DOMESTIC ACTIVITIES
S	87	24-29	-	-	-	HAS STRONG SENSE OF OWNERSHIP#&CONSTANTLY SAYS "MY", "MINE"
S	88	24-29	-	-	-	ENGAGES IN SIMPLE MAKE-BELIEVE ACTIVITIES
S	89	24-29	-	-	-	HAS MUCH INTEREST IN MONEY BUT LITTLE UNDERSTANDING OF USE
S	90	24-29	-	-	-	PLAYS INTERACTIVE GAMES, TAG
S	91	30-30	-	-	-	HELPS PUT AWAY THINGS
S	92	30-35	-	-	-	INDEPENDENT DRAMATIC PLAY, PUTS DOLLS TO BED, FEEDS THEM
S	93	30-35	-	-	-	WATCHES CHILDREN AT PLAY, MAY JOIN WITHOUT ADULT HELP
S	94	30-35	-	-	-	ENJOYS USING SAME PLAYTHING AS CHILD NEXT TO HIM.
S	95	30-35	-	-	-	LIKES ROUTINE IN DAILY ACTIVITIES AND CLINGS TO FAMILIAR TOY
S	96	30-35	-	-	-	PLAYS SIMPLE GAMES AS "RING AROUND THE ROSIE"
S	97	36-48	-	-	-	LISTENS ATTENTIVELY TO STORIES
S	98	36-48	-	-	-	JOINS IN PLAY WITH OTHER CHILDREN WITHOUT ADULT HELP
S	99	36-48	-	-	-	UNDERSTANDS WAITING FOR OR TAKING A TURN
S	100	36-48	-	-	-	HELPS AT HOUSEHOLD TASKS, PICKING UP TOYS, DUSTING
S	101	36-48	-	-	-	PERFORMS FOR OTHERS. EX: RECITING A NURSERY RHYME
S	102	36-48	-	-	-	LIKES TO PLAY WITH 2 OR 3 CHILDREN, MAY HAVE A FAVORITE ONE
S	103	36-48	-	-	-	SEPARATES EASILY FROM MOTHER
S	104	36-48	-	-	-	ROLEPLAY BY INVENTING PEOPLE AND OBJECTS
S	105	48-60	-	-	-	IS COMPETETIVE IN GAMES

(CONTINUED)

>==> THIS FORM PRODUCED BY CYBERFORM INC PO BOX 43307 BIRMINGHAM AL 35243 <==<

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* ** R I S E ** *
* *
* RURAL INFANT STIMULATION ENVIRONMENT *
* *
* INITIAL ASSESSMENT FORM *
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********** DEVELOPMENTAL AREA **********
* SOCIAL *
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/// OFFICE USE ONLY ///

MARKING INSTRUCTIONS

CONNECT THE DASHES IN THIS COLUMN FOR NO SUCESS (1)
CONNECT THE DASHES IN THIS COLUMN FOR SOME SUCESS (2)
CONNECT THE DASHES IN THIS COLUMN FOR TOTAL SUCESS (3)

TASK NO.	AGE RANGE	1	2	3	TASK TO BE ASSESSED
S 106	48-60	-	-	-	TENDS TO GO OUT OF PRESCRIBED BOUNDS
S 107	48-60	-	-	-	TALKS BACK WHEN DOES NOT GET OWN WAY
S 108	48-60	-	-	-	PREFERS GROUP PLAY WITH OTHER CHILDREN
S 109	48-60	-	-	-	BOSSES AND CRITICIZES
S 110	48-60	-	-	-	SHOWS OFF, CALLS ATTENTION TO SELF
S 111	48-60	-	-	-	GOES ON ERRANDS OUTSIDE OF HOME
S 112	48-60	-	-	-	ENJOYS DRESSING UP IN ADULT CLOTHES
S 113	48-60	-	-	-	SHOWS CONCERN AND SYMPATHY
S 114	48-60	-	-	-	BECOMES AGGRESSIVE WITH PLAYMATES
S 115	60-72	-	-	-	CONTINUES DOMESTIC, DRAMATIC PLAY FROM DAY TO DAY
S 116	60-72	-	-	-	PLANS AND BUILDS CONSTRUCTIVELY
S 117	60-72	-	-	-	CHOOSES OWN FRIENDS
S 118	60-72	-	-	-	UNDERSTANDS NEEDS AND RULES OF FAIR PLAY
S 119	60-72	-	-	-	COMFORTS PLAYMATES IN DISTRESS
S 120	60-72	-	-	-	GETS ALONG WELL IN SMALL GROUPS
S 121	60-72	-	-	-	CONFORMS TO ADULT IDEAS
S 122	60-72	-	-	-	TENDER AND PROTECTIVE TOWARDS YOUNGER CHILDREN AND PETS
S 123	60-72	-	-	-	ASKS ADULT HELP AS NEEDED

D==> THIS FORM PRODUCED BY CYBERFORM INC PO BOX 43307 BIRMINGHAM AL 35243 <==<

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* ** R I S E ** *
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* RURAL INFANT STIMULATION ENVIRONMENT *
* *
* INITIAL ASSESSMENT FORM *
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********** DEVELOPMENTAL AREA **********
* SELF HELP - EATING *
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/// OFFICE USE ONLY ///

MARKING INSTRUCTIONS

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CONNECT THE DASHES IN THIS COLUMN FOR SOME SUCESS (2)
CONNECT THE DASHES IN THIS COLUMN FOR TOTAL SUCESS (3)

TASK NO.	AGE RANGE	V1	V2	V3	TASK TO BE ASSESSED
SE 1	2-3	-	-	-	ATTEMPTS TO HOLD BOTTLE
SE 2	3-4	-	-	-	SUCKS PUREED FOOD OFF SPOON
SE 3	4-5	-	-	-	GUMS SOLID FOODS
SE 4	4-5	-	-	-	DURING FEEDING, PATS BOTTLE
SE 5	5-6	-	-	-	PICKS UP SPOON
SE 6	5-6	-	-	-	FEEDS SELF CRACKER
SE 7	5-6	-	-	-	USES TONGUE TO MOVE FOOD IN AND OUT OF MOUTH
SE 8	6-7	-	-	-	SUCKS THROUGH STRAW
SE 9	6-7	-	-	-	EATS SOFT FOOD FROM SPOON
SE 10	8-9	-	-	-	HOLDS SPOON FOR EATING
SE 11	9-10	-	-	-	HOLDS, BITES, AND CHEWS BISCUITS
SE 12	10-11	-	-	-	ABLE TO DRINK FROM CUP HELD FOR HIM
SE 13	10-11	-	-	-	STIR WITH SPOON IN IMITATION
SE 14	12-13	-	-	-	FINGER FEED PART OF MEAL
SE 15	12-13	-	-	-	DRINKS FROM CUP WITH LITTLE ASSISTANCE
SE 16	13-14	-	-	-	GRINDS AND CHEWS FOOD
SE 17	14-15	-	-	-	HOLDS CUP WHEN ADULT GIVES AND TAKES BACK
SE 18	15-16	-	-	-	DRINKS FROM CUP UNASSISTED
SE 19	17-18	-	-	-	PLACES ONLY FOODS IN MOUTH
SE 20	30-35	-	-	-	DISTINGUISHES BETWEEN FINGER AND SPOON FOODS
SE 21	35-36	-	-	-	SCOOPS AND EATS WITH SPOON
SE 22	35-36	-	-	-	USES NAPKIN
SE 23	35-36	-	-	-	INSISTS ON BEING INDEPENDENT AT MEALTIME
SE 24	36-48	-	-	-	EATS WITH FORK
SE 25	48-60	-	-	-	CAN CUT WITH KNIFE
SE 26	60-72	-	-	-	USES KNIFE AND FORK
SE 27	60-72	-	-	-	CAN SERVE SELF FOOD
SE 28	60-72	-	-	-	EATS WITHOUT REQUIRING HELP

| TASK NO. | AGE RANGE | V1 | V2 | V3 |

>==> THIS FORM PRODUCED BY CYBERFORM INC PO BOX 43367 BIRMINGHAM AL 35243 <==<

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* ** R I S E ** *
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* RURAL INFANT STIMULATION ENVIRONMENT *
* *
* INITIAL ASSESSMENT FORM *
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********** DEVELOPMENTAL AREA **********
* SELF HELP - WASHING & DRYING *
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/// OFFICE USE ONLY ///

MARKING INSTRUCTIONS

CONNECT THE DASHES IN THIS COLUMN FOR NO SUCESS (1)
CONNECT THE DASHES IN THIS COLUMN FOR SOME SUCESS (2)
CONNECT THE DASHES IN THIS COLUMN FOR TOTAL SUCESS (3)

TASK NO.	AGE RANGE	V1	V2	V3	TASK TO BE ASSESSED
SW 1	12-18	-	-	-	RUNS WATER OVER HANDS
SW 2	18-21	-	-	-	CO-OPERATES IN WASHING AND BATHING
SW 3	21-24	-	-	-	WETS OWN WASH CLOTH
SW 4	24-25	-	-	-	APPLIES SOAP TO WASH CLOTH
SW 5	24-25	-	-	-	APPLIES SOAP TO HANDS WHEN SUPERVISED
SW 6	25-30	-	-	-	WASHES HANDS AND DRIES HANDS WITH SOME SUPERVISION
SW 7	36-38	-	-	-	WASHES AND DRIES FACE WITH SOME SUPERVISION
SW 8	36-38	-	-	-	TURNS FAUCET ON AND OFF
SW 9	38-48	-	-	-	HELPS WASH SELF AT BATH TIME
SW 10	38-48	-	-	-	WASHES HANDS AND FACE UNAIDED
SW 11	48-60	-	-	-	WASHES AND DRIES HANDS AND FACE UNASSISTED
SW 12	60-72	-	-	-	WASHES AND DRIES HANDS AND FACE WITHOUT GETTING CLOTHES WET

| TASK NO. | AGE RANGE | V1 | V2 | V3 |

|>==> THIS FORM PRODUCED BY CYBERFORM INC PO BOX 43367 BIRMINGHAM AL 35243 <==<


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*              ** R I S E **                 *
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* RURAL INFANT STIMULATION ENVIRONMENT       *
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*         INITIAL ASSESSMENT FORM            *
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********** DEVELOPMENTAL AREA **********
*         SELF HELP - TOILETING              *
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MARKING INSTRUCTIONS

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                  _____ CONNECT THE DASHES IN THIS COLUMN FOR NO SUCESS (1)
                 |  ___ CONNECT THE DASHES IN THIS COLUMN FOR SOME SUCESS (2)
                 | |  _ CONNECT THE DASHES IN THIS COLUMN FOR TOTAL SUCESS (3)
 TASK  AGE       | | |
  NO. RANGE      V V V  TASK TO BE ASSESSED
|--- ------ -1 2 3- ----------------------------------------------------------
ST  1 12-14  - - - -  FUSSES TO BE CHANGED AFTER BOWEL MOVEMENT
ST  2 14-15  - - - -  INDICATES WET PANTS
ST  3 15-17  - - - -  SUPERVISED, WHEN SEATED ON TOILET, USES TOILET
ST  4 21-24  - - - -  SQUATS, HOLDS SELF OR VEREALIZES TOILET NEED
ST  5 24-25  - - - -  VERBALIZES TOILET NEED IN TIME INCONSISTENTLY
ST  6 24-25  - - - -  USES TOILET WHEN TAKEN
ST  7 29-31  - - - -  ASKS TO GO TO TOILET
ST  8 29-31  - - - -  SEATS SELF ON TOILET
ST  9 29-31  - - - -  USES TOILET WITH MINIMAL SUPERVISION
ST 10 45-45  - - - -  CARES FOR SELF AT TOILET
ST 11 60-72  - - - -  USES BATHROOM BY SELF
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>==> THIS FORM PRODUCED BY CYBERFORM INC PO BOX 43367 BIRMINGHAM AL 35243 <==<

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* ** R I S E ** *
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* RURAL INFANT STIMULATION ENVIRONMENT *
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* INITIAL ASSESSMENT FORM *
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********** DEVELOPMENTAL AREA **********
* SELF HELP - DRINKING *
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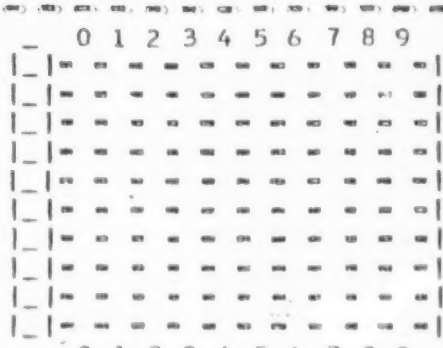

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MARKING INSTRUCTIONS
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_____ CONNECT THE DASHES IN THIS COLUMN FOR NO SUCESS (1)
| ___ CONNECT THE DASHES IN THIS COLUMN FOR SOME SUCESS (2)
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| | |

TASK NO.	AGE RANGE	V 1	V 2	V 3	TASK TO BE ASSESSED
SD 1	3-5	-	-	-	RECOGNIZES BOTTLE ON SIGHT
SD 2	3-5	-	-	-	HELPS HOLD BOTTLE
SD 3	5-6	-	-	-	DURING FEEDING PATS BOTTLE
SD 4	5-6	-	-	-	LIFTS EMPTY CUP IN IMITATION
SD 5	6-7	-	-	-	LIFTS CUP WITH HANDLE BY SELF
SD 6	7-9	-	-	-	HOLDS BOTTLE TO FEED SELF
SD 7	9-11	-	-	-	IS ABLE TO DRINK FROM CUP WHEN HELD FOR HIM THOUGH MAY SPILL
SD 8	11-12	-	-	-	DRINKS FROM CUP WITH LITTLE ASSISTANCE
SD 9	12-18	-	-	-	DRINKS FROM CUP WITH SOME ASSISTANCE
SD 10	12-18	-	-	-	DRINKS FROM GLASS WITH ASSISTANCE
SD 11	12-18	-	-	-	LIFTS AND DRINKS FROM CUP WITH BOTH HANDS UNASSISTED
SD 12	18-23	-	-	-	DRINKS WITHOUT MUCH SPILLING
SD 13	18-23	-	-	-	HANDS EMPTY CUP BACK TO ADULT
SD 14	23-23	-	-	-	ASKS FOR DRINK WHEN THIRSTY
SD 15	24-29	-	-	-	LIFTS AND DRINKS FROM CUP AND REPLACES ON TABLE
SD 16	29-36	-	-	-	GETS DRINK UNASSISTED FROM CUP OR GLASS
SD 17	36-48	-	-	-	DRINKS HOLDING GLASS IN ONE HAND
SD 18	48-48	-	-	-	GETS DRINK FROM SINK UNASSISTED

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* ** R I S E ** *
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* RURAL INFANT STIMULATION ENVIRONMENT *
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* INITIAL ASSESSMENT FORM *
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********** DEVELOPMENTAL AREA **********
* SELF HELP - DRESSING *
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CONNECT THE DASHES IN THIS COLUMN FOR SOME SUCESS (2)
CONNECT THE DASHES IN THIS COLUMN FOR TOTAL SUCESS (3)

TASK NO.	AGE RANGE	1	2	3	TASK TO BE ASSESSED
SD 1	12-13	-	-	-	COOPERATES IN DRESSING BY EXTENDING ARMS AND LEGS
SD 2	13-15	-	-	-	TRIES TO MATCH ARM TO ARMHOLE, LEG TO PANT LEG
SD 3	15-18	-	-	-	UNTIES SHOES
SD 4	15-18	-	-	-	UNZIPS ZIPPER
SD 5	15-18	-	-	-	PULLS ON SOCKS, MITTENS
SD 6	18-21	-	-	-	TAKES OFF CLOTHES WITH HELP ON BUTTONS
SD 7	21-22	-	-	-	TRIES TO SLIP ON SHOES
SD 8	22-24	-	-	-	PULLS ON SIMPLE GARMENTS
SD 9	22-24	-	-	-	UNSNAPS FRONT SNAPS
SD 10	24-25	-	-	-	PULLS DOWN PANTS
SD 11	24-25	-	-	-	TAKES OFF COAT OR DRESS
SD 12	25-30	-	-	-	BUTTONS ONE BUTTON
SD 13	30-35	-	-	-	DRESSES WHEN SUPERVISED
SD 14	25-36	-	-	-	PUTS ON COAT UNASSISTED
SD 15	35-36	-	-	-	SNAPS FRONT SNAPS
SD 16	36-48	-	-	-	UNBUTTONS ACCESSIBLE BUTTONS
SD 17	36-48	-	-	-	UNDRESSES SELF
SD 18	36-48	-	-	-	PULLS PANTS UP AND DOWN BUT NEEDS HELP WITH BUTTONS
SD 19	36-48	-	-	-	BUTTONS COAT
SD 20	36-48	-	-	-	UNBUCKLES BELT
SD 21	48-50	-	-	-	BUCKLES BELT
SD 22	48-50	-	-	-	ZIPS FRONT ZIPPER
SD 23	50-54	-	-	-	ZIPS UNATTACHED ZIPPER (COAT)
SD 24	54-57	-	-	-	ZIPS BACK ZIPPER
SD 25	54-57	-	-	-	CAN LACE SHOES
SD 26	57-60	-	-	-	TURNS CLOTHES RIGHT SIDE OUT
SD 27	60-60	-	-	-	DISTINGUISHES FRONT AND BACK OF CLOTHING
SD 28	60-72	-	-	-	DRESSES AND UNDRESSES ALONE EXCEPT FOR TYING SHOES
SD 29	60-72	-	-	-	PUTS ON AND TAKES OFF HAT AND COAT BY SELF
SD 30	60-72	-	-	-	PUTS CLOTHING ON HANGER IN PROPER PLACE

>==> THIS FORM PRODUCED BY CYBERFORM INC PO BOX 43307 BIRMINGHAM AL 35243 <==<

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* ** R I S E ** *
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* RURAL INFANT STIMULATION ENVIRONMENT *
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* INITIAL ASSESSMENT FORM *
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********** DEVELOPMENTAL AREA **********
* LANGUAGE - RECEPTIVE *
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MARKING INSTRUCTIONS

_____ CONNECT THE DASHES IN THIS COLUMN FOR NO SUCESS (1)
| ___ CONNECT THE DASHES IN THIS COLUMN FOR SOME SUCESS (2)
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TASK NO.	AGE RANGE	V 1	V 2	V 3	TASK TO BE ASSESSED
RL 1	2-3	-	-	-	RESPONDS TO VOICE
RL 2	2-3	-	-	-	TURNS HEAD TOWARD SOUND
RL 3	3-4	-	-	-	LOOKS DIRECTLY AT SPEAKER'S FACE
RL 4	5-6	-	-	-	RESPONDS TO THE WORD "BYE-BYE"
RL 5	6-7	-	-	-	LOCATES SPECIFIC SOURCE OF SOUND
RL 6	6-7	-	-	-	COOS TO MUSIC OR SINGING
RL 7	9-9	-	-	-	RESPONDS TO COMMAND "NO-NO"
RL 8	8-9	-	-	-	SHAKES APPROPRIATELY YES/NO.
RL 9	12-12	-	-	-	TURNS HEAD AND LOOKS IN RESPONSE TO "LOOK HERE"
RL 10	12-12	-	-	-	COMES WHEN CALLED
RL 11	12-12	-	-	-	FOLLOWS A SIMPLE ONE-STEP COMMAND
RL 12	12-12	-	-	-	IDENTIFIES FIVE OBJECTS WHEN NAMED
RL 13	12-12	-	-	-	POINTS TO ONE BODY PART
RL 14	18-18	-	-	-	FOLLOWS A SIMPLE TWO STEP COMMAND
RL 15	18-18	-	-	-	RECOGNIZES FAMILY MEMBERS
RL 16	18-18	-	-	-	POINTS TO 3 BODY PARTS WHEN NAMED
RL 17	18-18	-	-	-	IDENTIFIES ONE PICTURE ON A CARD BY POINTING
RL 18	24-24	-	-	-	CARRIES OUT TWO INDIVIDUAL COMMANDS EMPLOYING PREPOSITIONS
RL 19	24-24	-	-	-	POINTS TO FOUR NAMED BODY PARTS
RL 20	24-24	-	-	-	MATCHES 10 FAMILIAR OBJECTS
RL 21	30-30	-	-	-	IDENTIFIES 7 OR MORE PICTURES
RL 22	30-30	-	-	-	IDENTIFIES 10 OBJECTS WHEN DESCRIBED BY FUNCTION
RL 23	30-30	-	-	-	DEMONSTRATES KNOWLEDGE OF NUMBER CONCEPT "ONE" BY GIVING ONE
RL 24	36-36	-	-	-	MATCHES 2 COLORS
RL 25	36-36	-	-	-	POINTS TO 2 APPROPRIATE PICTURES WHEN 2 VERBS ARE NAMED
RL 26	36-48	-	-	-	RESPONDS APPROPRIATELY TO "WHAT" QUESTIONS
RL 27	42-42	-	-	-	DISCRIMINATES BETWEEN 2 PICTURED PREPOSITIONS
RL 28	48-48	-	-	-	CARRIES OUT FOUR INDIVIDUAL COMMANDS EMPLOYING PREPOSITIONS
RL 29	54-54	-	-	-	IDENTIFIES 2 OUT OF 3 COLORS
RL 30	54-54	-	-	-	CARRIES OUT SIMPLE 3-STEP COMMAND
RL 31	54-54	-	-	-	POINTS TO 5 APPROPRIATE PICTURES WHEN 5 VERBS ARE NAMED
RL 32	48-60	-	-	-	MATCHES 4 PAIRS OF COLORS
RL 33	60-60	-	-	-	IDENTIFIES 4 COLORS BY POINTING

| TASK NO. | AGE RANGE | V 1 | V 2 | V 3 | TASK TO BE ASSESSED |

FORM NO. 603

D==> THIS FORM PRODUCED BY CYBERFORM INC PO BOX 43307 BIRMINGHAM AL 35243 <==<

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* ** R I S E ** *

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* RURAL INFANT STIMULATION ENVIRONMENT *

* *

* INITIAL ASSESSMENT FORM *

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********** DEVELOPMENTAL AREA **********

* LANGUAGE - EXPRESSIVE *

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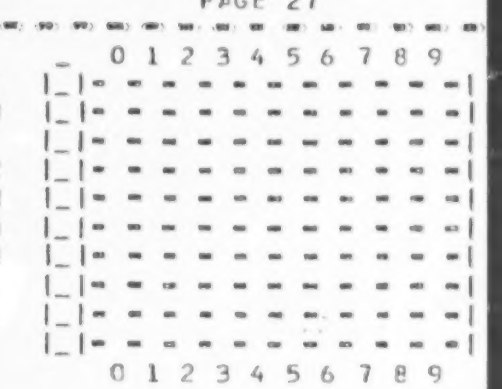

/// OFFICE USE ONLY ///

MARKING INSTRUCTIONS

CONNECT THE DASHES IN THIS COLUMN FOR NO SUCESS (1)

CONNECT THE DASHES IN THIS COLUMN FOR SOME SUCESS (2)

CONNECT THE DASHES IN THIS COLUMN FOR TOTAL SUCESS (3)

TASK NO.	AGE RANGE	V 1	V 2	V 3	TASK TO BE ASSESSED
EL 1	0- 1	-	-	-	MAKES SMALL THROATY NOISES AND UNDIFFERENTIATED CRYING
EL 2	0- 1	-	-	-	CRIES DIFFERENTIALLY FOR HUNGER, PAIN, AND DISCOMFORT
EL 3	1- 2	-	-	-	REPEATS 2 - 3 SYLLABLES WHILE COOING AND BABBLING
EL 4	3- 3	-	-	-	VOCALIZES WHEN TALKED TO
EL 5	3- 4	-	-	-	MAKES SOUNDS SIMILAR TO P, B, M
EL 6	5- 6	-	-	-	REPEATS A SERIES OF 4 OR MORE SYLLABLES WHILE BABBLING
EL 7	6- 6	-	-	-	VOCALIZES TO IMAGE IN MIRROR
EL 8	7- 7	-	-	-	VOCALIZES IN RECOGNITION OF FAMILIAR PEOPLE
EL 9	8- 8	-	-	-	USES AT LEAST 2 DIFFERENT INTONATIONAL PATTERNS
EL 10	8- 8	-	-	-	MAKES SOUND USING TIP OF TONGUE
EL 11	9- 9	-	-	-	USES THE EXCLAMATION "UH - OH"
EL 12	10-10	-	-	-	IMITATES COUGH OR TONGUE-CLICK
EL 13	10-10	-	-	-	IMITATES AT LEAST 2 ENVIRONMENTAL SOUNDS
EL 14	12-12	-	-	-	VOCALIZES 2 WORDS OTHER THAN "MA-MA" AND "DA-DA"
EL 15	12-13	-	-	-	USES ONE WORD MEANINGFULLY
EL 16	12-13	-	-	-	IMITATES SYLLABLES OF SPEECH
EL 17	15-16	-	-	-	HAS 5 WORD VOCABULARY
EL 18	15-16	-	-	-	GIVES TWO-SYLLABLE APPROXIMATION OF "THANK YOU"
EL 19	18-18	-	-	-	HAS 10 WORD VOCABULARY
EL 20	18-18	-	-	-	NAMES 2 BODY PARTS
EL 21	18-24	-	-	-	NAMES FIVE PICTURES OF OBJECTS WHEN SHOWN
EL 22	18-24	-	-	-	ASKS FOR WANTS BY NAME
EL 23	18-24	-	-	-	REFERS TO SELF BY NAME
EL 24	21-21	-	-	-	HAS VOCABULARY OF 20 WORDS
EL 25	21-21	-	-	-	USES 2-WORD PHRASES
EL 26	21-24	-	-	-	USES NOUNS
EL 27	21-24	-	-	-	USES VERBS
EL 28	21-24	-	-	-	USES ADJECTIVES
EL 29	21-24	-	-	-	USES ADVERBS
EL 30	24-24	-	-	-	NAMES 4 BODY PARTS
EL 31	24-24	-	-	-	HAS VOCABULARY OF 25-30 WORDS
EL 32	24-24	-	-	-	USES SIMPLE 3-WORD SENTENSES OR PHRASES
EL 33	24-24	-	-	-	USES PRONOUNS "I", "YOU", "ME"
EL 34	24-24	-	-	-	NAMES 3 OR MORE COMMON PICTURES SPONTANEOUSLY
EL 35	24-30	-	-	-	STATES FUNCTION OF 3 BODY PARTS. EX. : I USE MY EYES TO ___.

(CONTINUED)

>==> THIS FORM PRODUCED BY CYBERFORM INC PO BOX 43307 BIRMINGHAM AL 35243 <==<

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* *
* ** R I S E ** *
* *
* RURAL INFANT STIMULATION ENVIRONMENT *
* *
* INITIAL ASSESSMENT FORM *
* *
********** DEVELOPMENTAL AREA **********
* LANGUAGE - EXPRESSIVE *
****

I N D I V I D U A L P R O F I L E

0 1 2 3 4 5 6 7 8 9

/// OFFICE USE ONLY ///

MARKING INSTRUCTIONS

CONNECT THE DASHES IN THIS COLUMN FOR NO SUCESS (1)
CONNECT THE DASHES IN THIS COLUMN FOR SOME SUCESS (2)
CONNECT THE DASHES IN THIS COLUMN FOR TOTAL SUCESS (3)

TASK NO.	AGE RANGE	V 1	V 2	V 3	TASK TO BE ASSESSED
EL 36	24-30	-	-	-	STATES FUNCTION OF THREE OBJECTS
EL 37	27-30	-	-	-	NAMES ONE PRIMARY COLOR
EL 38	30-30	-	-	-	GIVES FULL NAME ON REQUEST
EL 39	30-36	-	-	-	FORMS A VERBAL QUESTION WITHOUT A MODEL
EL 40	36-36	-	-	-	USES AT LEAST TWO PLURALS
EL 41	36-36	-	-	-	TELLS ACTION IN PICTURES UPON REQUEST
EL 42	36-36	-	-	-	NAMES 8 PICTURES CORRECTLY
EL 43	36-36	-	-	-	NAMES WHAT HE HAS DRAWN AFTER SCRIBBLING
EL 44	36-48	-	-	-	NAMES 3 PRIMARY COLORS
EL 45	36-48	-	-	-	NAMES 7 BODY PARTS
EL 46	36-48	-	-	-	ASKS "WHO" QUESTIONS
EL 47	36-48	-	-	-	ASKS "WHAT" QUESTIONS
EL 48	36-48	-	-	-	ASKS "WHERE" QUESTIONS
EL 49	36-48	-	-	-	RELATES EXPERIENCES
EL 50	36-48	-	-	-	DESCRIBES ACTIVITIES
EL 51	48-60	-	-	-	NAMES 4 COLORS
EL 52	48-60	-	-	-	NAMES 20 COMMON OBJECTS UPON REQUEST
EL 53	54-54	-	-	-	TELLS A FAMILIAR STORY WITH PICTURES
EL 54	66-66	-	-	-	TELLS IMAGINARY TALES
EL 55	66-66	-	-	-	COUNTS ORALLY TO 10
EL 56	66-72	-	-	-	ASKS MEANING OF WORDS

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D--> THIS FORM PRODUCED BY: CYBERFORM INC PO BOX 43367 BIRMINGHAM AL 35243 <--C


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*              ** R I S E **                 *
*                                            *
* RURAL INFANT STIMULATION ENVIRONMENT       *
*                                            *
*        INITIAL ASSESSMENT FORM             *
*                                            *
********** DEVELOPMENTAL AREA **********
*    DEVELOPMENTAL ARTICULATION TEST         *
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/// OFFICE USE ONLY ///
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MARKING INSTRUCTIONS

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_____  CONNECT THE DASHES IN THIS COLUMN FOR OMISSION (1)
|___   CONNECT THE DASHES IN THIS COLUMN FOR SUBSTITUTION (2)
| |_   CONNECT THE DASHES IN THIS COLUMN FOR DISTORTION (3)
```

SOUND NO.	AGE RANGE	V1	V2	V3	SOUND	WORD STIMULUS
DTOC1	4C-4C	-	-	-	M	MONEY
DTOC2	4C-4C	-	-	-	M	HAMMER
DTOC3	4C-4C	-	-	-	M	DRUM
DTOC4	4C-4C	-	-	-	P	PENNY
DTOC5	40-4C	-	-	-	P	POPSICLE
DTOC6	4C-4C	-	-	-	F	ROFE
DTOC7	4C-4C	-	-	-	F	FAIRY
DTOC8	4C-4C	-	-	-	F	TELEPHONE
DTOC9	4C-4C	-	-	-	F	KNIFE
DTO10	40-4C	-	-	-	H	HIGH CHAIR
DTO11	40-4C	-	-	-	H	----------
DTO12	4C-4C	-	-	-	H	----------
DTO13	4C-4C	-	-	-	W	WITCH
DTO14	40-4C	-	-	-	W	----------
DTO15	4C-4C	-	-	-	W	----------
DTO16	4C-4C	-	-	-	B	BALLOON
DTO17	4C-4C	-	-	-	B	BABY
DTO18	4C-4C	-	-	-	B	WEB
DTO19	54-54	-	-	-	N	NOSE
DTO2O	54-54	-	-	-	N	PENCIL
DTO21	54-54	-	-	-	N	SUN
DTO22	54-54	-	-	-	NG	----------
DTO23	54-54	-	-	-	NG	FINGER
DTO24	54-54	-	-	-	NG	RING
DTO25	54-54	-	-	-	Y	YELLOW
DTO26	54-54	-	-	-	Y	----------
DTO27	54-54	-	-	-	Y	----------
DTO28	54-54	-	-	-	K	COW
DTO29	54-54	-	-	-	K	COOKIES
DTO3O	54-54	-	-	-	K	DUCK
DTO31	54-54	-	-	-	D	DOG
DTO32	54-54	-	-	-	D	LADDER
DTO33	54-54	-	-	-	D	BED
DTO34	54-54	-	-	-	G	GHOST
DTO35	54-54	-	-	-	G	WAGON

(CONTINUED)

==> THIS FORM PRODUCED BY CYBERFORM INC PO BOX 43367 BIRMINGHAM AL 35243 <==


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*            ** R I S E **                   *
*                                            *
* RURAL INFANT STIMULATION ENVIRONMENT       *
*                                            *
*        INITIAL ASSESSMENT FORM             *
*                                            *
********** DEVELOPMENTAL AREA **********
*    DEVELOPMENTAL ARTICULATION TEST         *
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/// OFFICE USE ONLY ///
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MARKING INSTRUCTIONS

CONNECT THE DASHES IN THIS COLUMN FOR OMISSION (1)
CONNECT THE DASHES IN THIS COLUMN FOR SUBSTITUTION (2)
CONNECT THE DASHES IN THIS COLUMN FOR DISTORTION (3)

SOUND NO.	AGE RANGE	V 1	V 2	V 3	SOUND	WORD STIMULUS
DTC36	54-54	-	-	-	G	DOG
DTC37	54-54	-	-	-	T	TEETH
DTC38	54-54	-	-	-	T	VALENTINE
DTC39	54-54	-	-	-	T	CAT
DTC40	60-60	-	-	-	CH	CHAIR
DTC41	60-60	-	-	-	CH	MATCHES
DTC42	60-60	-	-	-	CH	CHURCH
DTC43	66-66	-	-	-	SH	SHOE
DTC44	66-66	-	-	-	SH	FLASHLIGHT
DTC45	66-66	-	-	-	SH	FISH
DTC46	66-66	-	-	-	V	VALENTINE
DTC47	66-66	-	-	-	V	TELEVISION
DTC48	66-66	-	-	-	V	STOVE
DTC49	66-66	-	-	-	L	LAMP
DTC50	66-66	-	-	-	L	BALLOON
DTC51	66-66	-	-	-	L	BELL
DTC52	66-66	-	-	-	TH	THUMB
DTC53	66-66	-	-	-	TH	BIRTHDAY CAKE
DTC54	66-66	-	-	-	TH	----------
DTC55	84-84	-	-	-	J	JACK-IN-THE-BOX
DTC56	84-84	-	-	-	J	JUDGE
DTC57	84-84	-	-	-	J	ORANGE
DTC58	90-90	-	-	-	R	RADIO
DTC59	90-90	-	-	-	R	TURTLE
DTC60	90-90	-	-	-	R	CAR
DTC61	90-90	-	-	-	S	SUN
DTC62	90-90	-	-	-	S	ICE CREAM
DTC63	90-90	-	-	-	S	HOUSE
DTC64	90-90	-	-	-	TH	THIS
DTC65	90-90	-	-	-	TH	FEATHER
DTC66	90-90	-	-	-	TH	----------
DTC67	90-90	-	-	-	Z	ZIPPER
DTC68	90-90	-	-	-	Z	SCISSORS
DTC69	90-90	-	-	-	Z	NOSE
DTC70	90-90	-	-	-	WH	WHEEL
---	-----	1	2	3	---------- (CONTINUED) ----------	

▷--> THIS FORM PRODUCED BY CYBERFORM INC PO BOX 43307 BIRMINGHAM AL 35243 <--<


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*             ** R I S E **                  *
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* RURAL INFANT STIMULATION ENVIRONMENT       *
*                                            *
*        INITIAL ASSESSMENT FORM             *
*                                            *
********** DEVELOPMENTAL AREA **********
*    DEVELOPMENTAL ARTICULATION TEST         *
**********************************************
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          _  0 1 2 3 4 5 6 7 8 9
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     M   |_|- - - - - - - - - -|
     P   |_|- - - - - - - - - -|
     E   |_|- - - - - - - - - -|
     R   |_|- - - - - - - - - -|
         |_|- - - - - - - - - -|
           0 1 2 3 4 5 6 7 8 9
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/// OFFICE USE ONLY ///
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```

MARKING INSTRUCTIONS

CONNECT THE DASHES IN THIS COLUMN FOR OMISSION (1)
CONNECT THE DASHES IN THIS COLUMN FOR SUBSTITUTION (2)
CONNECT THE DASHES IN THIS COLUMN FOR DISTORTION (3)

SOUND NO.	AGE RANGE	V 1	V 2	V 3	SOUND	WORD STIMULUS
DTC71	5C-5C	-	-	-	HW	----------
DTC72	5C-5C	-	-	-	HW	----------
DTC73	96-96	-	-	-	DR	DRUM
DTC74	96-96	-	-	-	DR	----------
DTC75	96-96	-	-	-	DR	----------
DTC76	96-96	-	-	-	BL	BLOW
DTC77	96-96	-	-	-	BL	----------
DTC78	96-96	-	-	-	BL	----------
DTC79	96-96	-	-	-	KL	CLOUD
DTC8C	96-96	-	-	-	KL	----------
DTC81	96-96	-	-	-	KL	----------
DTC82	96-96	-	-	-	TR	TRAIN
DTC83	96-96	-	-	-	TR	----------
DTC84	96-96	-	-	-	TR	----------
DTC85	96-96	-	-	-	ST	STAR
DTC86	96-96	-	-	-	ST	----------
DTC87	96-96	-	-	-	ST	----------
DTC88	96-96	-	-	-	SL	SLEEP
DTC89	96-96	-	-	-	SL	----------
DTC9C	96-96	-	-	-	SL	----------
DTC91	96-96	-	-	-	BR	BROOM
DTC92	96-96	-	-	-	BR	----------
DTC93	96-96	-	-	-	BR	----------
DTC94	96-96	-	-	-	FL	FLAG
DTC95	96-96	-	-	-	FL	----------
DTC96	96-96	-	-	-	FL	----------
DTC97	96-96	-	-	-	KR	ICE CREAM
DTC98	96-96	-	-	-	KR	----------
DTC99	96-96	-	-	-	KR	----------
DT1CC	96-96	-	-	-	PL	PLANE
DT101	96-96	-	-	-	PL	----------
DT102	96-96	-	-	-	PL	----------
DT103	96-96	-	-	-	SKW	SQUIRREL
DT104	96-96	-	-	-	SKW	----------
DT105	96-96	-	-	-	SKW	----------

APPENDIX H

RISE CURRICULUM - SAMPLE

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RURAL INFANT STIMULATION ENVIRONMENT

GENERAL AREA. GROSS MOTOR

OBJECTIVE # GM C01
OBJECTIVE. THE CHILD LIFTS HEAD FOR FIVE SECONDS WHEN IN THE PRONE POSITION.

*** ACTIVITIES ***

REFER TO THE PRECEEDING REFLEX MATURATION SECTION. THE ACTIVITIES IN THIS SECTION ARE DESIGNED TO ENCOURAGE SENSORY INTEGRATION AND REFLEX MATURATION, THUS OFFERING OPTIMAL FACILITATION TO THE DEVELOPMENTAL MILESTONES SUCH AS THE CHILD LIFTINGGHEAD FORIFIVE SECONDS WHEN IN THE PRONE POSITION.

IF THE CHILD IS FUNCTIONING AT HIS CHRONOLOGICAL AGE LEVEL FOR GROSS MOTOR SKILLS, A REFLEX MATURATION ASSESSMENT MAY NOT BE INDICATED.

TO ADVANCE THE CHILD IN FUTURE GROSS MOTOR SKILLS, THE FOLLOWING ACTIVITIES MAY BE IMPLEMENTED.

1.1 THE CHILD SHOULD LIE PRONE. INITIALLY THE CHILD MAY OBJECT TO THIS POSITION. TRY TO ATTAIN IT SLOWLY. IF THIS IS THE CASE, AT FIRST TRY LYING THE CHILD PRONE FOR A FEW SECONDS AND GRADUALLY BUILD UP HIS PRONE-LYING TIME. THIS INCLUDES LYING PRONE IN HIS BED, ON THE FLOOR AND ON BOLSTERS, PILLOWS OR WEDGES. THE CHILD S ARMS SHOULD BE EXTENDED FORWARD TO ENCOURAGE REACHING AND PLAYING. BOLSTERS, WEDGES AND PILLOWS SHOULD SUPPORT THE CHILD FROM JUST BELOW THE SHOULDER AREA (ALLOWING THE ARMS TO FALL FREE) TO THE PELVIC AREA. TOYS SHOULD BE DANGLED IN FRONT OF THE CHILD ENCOURAGING HEAD LIFTING. WHEN THE CHILD WANTS TO SEE OR PLAY WITH THE TOY HE MUST LIFT HIS HEAD. THE SAME POSITIONS SHOULD NEVER EXTEND OVER A 20 MINUTE PERIOD. CHANGE THE POSITION OF THE CHILD OFTEN. AS THE CHILD LIES PRONE, WATCH THE CHILD S BODY ALIGNMENT. SYMMETRICAL POSTURING SHOULD BE MAINTAINED.

1.2 AS THE CHILD BECOMES COMFORTABLE WITH THE PRONE POSITION, PLACE A MIRROR IN FRONT OF HIM OR BEGIN OTHER ACTIVITIES (LANGUAGE, COGNITIVE) WHILE THE CHILD IS PRONE.*

1.3 CARRY THE CHILD IN THE PRONE POSITION. SUPPORT HIM UNDER THE UPPER CHEST AND ABDOMEN WITH YOUR ARMS. IF CROSSED EXTENSION IS PRESENT WHILE IN THIS POSITION, SUPPORT THE CHILD UNDER THE CHEST WITH ONE ARM WHILE SEPARATING THE CHILD S LEGS WITH THE

*** EVALUATION ***

THE OBJECTIVE IS PERFORMED:

A. WITH ASSISTANCE

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

B. IN IMITATION

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

C. INDEPENDENTLY

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

COMMENTS : _____

PURAL INFANT STIMULATION ENVIRONMENT

GENERAL AREA. FINE MOTOR

OBJECTIVE # FM 004
OBJECTIVE. THE CHILD GRASPS WITH HIS PALMS AND FINGERS OPPOSING HIS THUMBS.

*** ACTIVITIES ***

1.1 PLACE SMALL OBJECTS AROUND THE CHILD AS HE LIES PRONE. ENCOURAGE HIM TO PICK UP THE OBJECTS IN ANY MANNER. THE OBJECTS SHOULD BE RATTLES OR OTHER TOYS THAT ARE EASILY GRASPED. REINFORCE THE CHILD WHEN HE PICKS UP THE TOY.

2.1 GUIDE THE CHILD S HAND IN GRASPING OBJECTS. PLACE THE OBJECT IN THE CHILD S HANDS WITH HIS PALM AND FINGERS OPPOSING THE THUMB. HOLD THE OBJECT IN THE CHILD S HAND UNTIL HE GRASPS IT CORRECTLY.

3.1 REINFORCE THE CHILD WHEN HE GRASPS THE OBJECT CORRECTLY WHILE PLAYING. CONSTANTLY PLACE THE OBJECT IN THE CHILD S HAND WITH HIS PALM AND FINGERS OPPOSING THE THUMB.

*** EVALUATION ***

THE OBJECTIVE IS PERFORMED:

A. WITH ASSISTANCE

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

B. IN IMITATION

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

C. INDEPENDENTLY

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

COMMENTS : _____

RURAL INFANT STIMULATION ENVIRONMENT

GENERAL AREA. FINE MOTOR

OBJECTIVE # FM 002
OBJECTIVE. THE CHILD REACHES FOR AN OBJECT WITH BOTH ARMS, OFTEN HITTING THE OBJECT WITH A CLOSED FIST.

*** ACTIVITIES ***

1.1 PROVIDE OPPORTUNITIES FOR THE CHILD TO REACH OUT FOR OBJECTS. DO THIS BY DANGLING TOYS IN FRONT OF THE CHILD, PLACING TOYS ON THE SIDE OF THE CRIB OR HOLDING OBJECTS JUST WITHIN REACH OF THE CHILD. DO NOT FORCE THE CHILD'S ARMS INTO EXTENSION. (USE FACILITATION TECHNIQUE.) ENCOURAGE HIM TO REACH OUT. THE CHILD SHOULD DEVELOPMENTALLY BEGIN REACHING WITH BOTH ARMS BUT MANY CEREBRAL PALSIED CHILDREN HAVE MORE INVOLVEMENT IN ONE SIDE OF THE BODY AND TEND TO NEGLECT THIS SIDE. URGE THE CHILD TO USE BOTH UPPER EXTREMITIES IF THIS IS THE CASE.

2.1 AS THE CHILD BEGINS TO REACH FOR OBJECTS, ENCOURAGE HIM TO BAT THE DANGLED TOY WITH HIS HANDS. TOYS MADE OF FOAM RUBBER WILL NOT PRESENT A HAZARD WHEN PLAYING IN THIS MANNER. ENCOURAGE THE CHILD TO REACH AND BAT AT THE TOYS AS OFTEN AS POSSIBLE WITH THE CHILD'S ARMS COMPLETELY EXTENDED.

*** EVALUATION ***

THE OBJECTIVE IS PERFORMED:

A. WITH ASSISTANCE

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

B. IN IMITATION

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

C. INDEPENDENTLY

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

COMMENTS : _____

RURAL INFANT STIMULATION ENVIRONMENT

GENERAL AREA. FINE MOTOR

OBJECTIVE # FM 001
OBJECTIVE. THE CHILD GRASPS THE HANDLE OF A SPOON OR RATTLE BUT DROPS IT QUICKLY WHEN HIS FINGERS ARE PRIED OPEN.

*** ACTIVITIES ***

1.1 PLACE A SPOON IN THE CHILD S HAND. HE WILL GRASP IT WITH HIS THUMB AND ALL FINGERS AT THIS AGE. GRASP THE CHILD S HAND AROUND THE RATTLE OR SPOON IF THE CHILD WILL NOT GRASP. GRADUALLY REDUCE THE AMOUNT OF ASSISTANCE GIVEN UNTIL THE CHILD GRASPS THE HANDLE. ALLOW THE CHILD TIME TO SHAKE OR BANG THE OBJECT.

2.1 SLOWLY TRY TO PRY THE CHILD S FINGERS FROM THE HANDLE. SAY TO THE CHILD, LET GO OF THE SPOON (RATTLE, ETC.). AS HE LOOSENS HIS GRASP ALLOW THE SPOON OR RATTLE TO DROP. REINFORCE THE CHILD WHEN HE RELEASES THE HANDLE.

3.1 REPEAT THE PROCEDURE UNTIL THE CHILD READILY RELEASES THE TOY AS YOU BEGIN TO PRY HIS FINGERS OPEN. THIS CAN BE A GAME-LIKE ACTIVITY, REPEATING THE TASK OVER AND OVER AGAIN.

*** EVALUATION ***

THE OBJECTIVE IS PERFORMED:

A. WITH ASSISTANCE

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

B. IN IMITATION

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

C. INDEPENDENTLY

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

COMMENTS : _____

RURAL INFANT STIMULATION ENVIRONMENT

GENERAL AREA. FINE MOTOR

OBJECTIVE # FM 003
OBJECTIVE. THE CHILD HOLDS A RATTLE.

*** ACTIVITIES ***

1.1 PLACE A RATTLE WITHIN THE CHILD S REACH. GUIDE HIS HAND UNTIL IT IS PLACED ON THE HANDLE OF THE RATTLE. SAY, " HOLD THE RATTLE.

2.1 IF NECESSARY, GRASP THE CHILD S HAND AROUND THE RATTLE AND HOLD IT UNTIL YOU CAN FEEL THE CHILD GRASP THE HANDLE. RELEASE YOUR GRASP. REPEAT UNTIL THE CHILD WILL GRASP THE RATTLE WITH LITTLE ASSISTANCE.

3.1 CONTINUE TO PLACE THE RATTLE BESIDE THE CHILD S HAND. REINFORCE THE CHILD IF HE GRASPS THE RATTLE.

3.2 TRANSFER THIS SKILL OVER TO GRASPING THE OTHER OBJECTS SUCH AS SPOONS, BELLS, AND OTHER TOYS AND OBJECTS WITH HANDLES.

4.1 AS THE CHILD GRASPS THE RATTLE, URGE HIM TO RATTLE AND SHAKE IT, PRODUCING THE SOUNDS.

*** EVALUATION ***

THE OBJECTIVE IS PERFORMED:

A. WITH ASSISTANCE

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

B. IN IMITATION

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

C. INDEPENDENTLY

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

COMMENTS : _____

RURAL INFANT STIMULATION ENVIRONMENT

GENERAL AREA. FINE MOTOR

OBJECTIVE # FM 005
OBJECTIVE. THE CHILD BRINGS HIS HANDS TO THE MIDDLE OF HIS BODY.

*** ACTIVITIES ***

1.1 PLACE THE CHILD IN A POSITION IN WHICH HE IS ABLE TO BRING HIS HANDS TOGETHER, SUCH AS IN A BOX SEAT. PLACE A MIRROR IN FRONT OF HIM. GET BEHIND THE CHILD AND MOVE HIS HANDS TOGETHER IN A CLAPPING OR BANGING MOTION. THE CHILD S HANDS SHOULD COME TO THE MID-LINE OF HIS BODY, BUT MAY NOT NECESSARILY TOUCH EACH OTHER. THE HANDS MAY BE OPEN OR CLOSED. PRAISE THE CHILD FOR ALL ATTEMPTS.

1.2 SIT IN FRONT OF THE CHILD. BRING YOUR HANDS TOGETHER AND THEN ENCOURAGE HIM TO DO THE SAME. IF HE DOES NOT ATTEMPT THE MOTION, PLACE YOUR HANDS OVER HIS AND MOVE THEM TO MIDLINE. CONTINUE TO PRAISE HIM FOR ATTEMPTS AND SUCCESSES.

2.1 PROVIDE THE CHILD WITH TOYS AND ACTIVITIES WHICH WILL REQUIRE HIM TO BRING HIS HANDS TOGETHER. USE MUSICAL TOYS SUCH AS WOOD BLOCKS OR CYMBALS FOR HIM TO CLAP TOGETHER. PLAY GAMES WHICH REQUIRE HIM TO CLAP. PLACE TOYS REQUIRING TWO HANDS TO MANIPULATE NEAR THE MIDLINE OF THE BODY AND ENCOURAGE HIM TO USE BOTH HANDS.

*** EVALUATION ***

THE OBJECTIVE IS PERFORMED:

A. WITH ASSISTANCE

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

B. IN IMITATION

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

C. INDEPENDENTLY

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

COMMENTS : _____

RURAL INFANT STIMULATION ENVIRONMENT

GENERAL AREA. EXPRESSIVE LANGUAGE

OBJECTIVE # EL C01
OBJECTIVE. THE CHILD WILL MAKE SMALL THROATY NOISES AND UNDIFFERENTIATED CRYING.

*** ACTIVITIES ***

THIS OBJECTIVE REPRESENTS A DEVELOPMENTAL MILESTONE AND SHOULD BE OBSERVED. VOCALIZATIONS MAY BE ENCOURAGED BY PLACING MIRRORS AND/OR NOISEMAKING TOYS WITHIN THE CHILD S SIGHT AND REACH. REINFORCE THE CHILD S VOCALIZATIONS BY IMITATING THEM.

*** EVALUATION ***

THE OBJECTIVE IS PERFORMED:

A. WITH ASSISTANCE

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

B. IN IMITATION

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

C. INDEPENDENTLY

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

COMMENTS : _____

RURAL INFANT STIMULATION ENVIRONMENT

GENERAL AREA. EXPRESSIVE LANGUAGE

OBJECTIVE # EL C02
OBJECTIVE. THE CHILD WILL CRY DIFFERENTIALLY FOR HUNGER, PAIN, AND DISCOMFORT.

*** ACTIVITIES ***

THIS OBJECTIVE REPRESENTS A DEVELOPMENTAL MILESTONE AND SHOULD BE OBSERVED.

1.1 RESPOND TO A CHILD S CRY APPROPRIATELY, FOR EXAMPLE, A CRY AFTER THE BABY AWAKES MAY INDICATE HUNGER.

1.2 GENERALLY CRIES OF PAIN ARE LOUD AND SHRILL AND MAY BE BROKEN BY WHIMPERING. CRIES OF HUNGER ARE ALSO LOUD AND SHRILL BUT MAY BE BROKEN BY A SUCKING MOVEMENT. CRIES OF DISCOMFORT ARE USUALLY LOW MOANS. SLEEPINESS IS CHARACTERIZED BY WHINING AND PROLONGED CRIES.

1.3 BE ALERT TO THE CHILD'S CRY. TRY TO IDENTIFY HIS NEEDS, AND THEN RESPOND TO THOSE NEEDS.

*** EVALUATION ***

THE OBJECTIVE IS PERFORMED:

A. WITH ASSISTANCE

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

B. IN IMITATION

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

C. INDEPENDENTLY

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

COMMENTS : _____

RURAL INFANT STIMULATION ENVIRONMENT

GENERAL AREA. EXPRESSIVE LANGUAGE

OBJECTIVE # EL C03
OBJECTIVE. THE CHILD WILL REPEAT TWO - THREE SYLLABLES WHILE COOING AND BABBLING.

*** ACTIVITIES ***

1.1 WHEN THE CHILD BABBLES AND MAKES SOUNDS, REPEAT THOSE SOUNDS. SMILE TO SHOW HIM YOU ARE PLEASED.

2.1 PROVIDE THE CHILD WITH A VARIETY OF MUSICAL TOYS TO GIVE AUDITORY STIMULATION.

3.1 BOUNCE THE CHILD AND PLAY WITH HIM TO ENCOURAGE VOCALIZATION. ALWAYS REWARD THOSE SOUNDS.

4.1 SING TO THE CHILD AS YOU CUDDLE HIM.

5.1 AS YOU FEED, BATHE, OR CLOTHE THE CHILD TALK TO HIM. SHOW HIM THAT SOUNDS ARE FUN.

*** EVALUATION ***

THE OBJECTIVE IS PERFORMED:

A. WITH ASSISTANCE

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

B. IN IMITATION

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

C. INDEPENDENTLY

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

COMMENTS : _____

RURAL INFANT STIMULATION ENVIRONMENT

GENERAL AREA. EXPRESSIVE LANGUAGE

OBJECTIVE # EL CO4
OBJECTIVE. THE CHILD WILL VOCALIZE WHEN TALKED TO.

*** ACTIVITIES ***

1.1 TALK TO THE CHILD AS YOU BATHE, FEED, OR DRESS HIM. YOUR VOICE SHOULD BE ANIMATED AND PLEASANT.

1.2 REWARD ANY SOUNDS THE CHILD MAKES BY SMILING AND REPEATING THOSE SOUNDS.

2.1 PLAY WITH THE CHILD BY ROLLING OR BOUNCING HIM. REWARD ALL VOCALIZATIONS.

*** EVALUATION ***

THE OBJECTIVE IS PERFORMED:

A. WITH ASSISTANCE

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

B. IN IMITATION

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

C. INDEPENDENTLY

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

COMMENTS : _____

RURAL INFANT STIMULATION ENVIRONMENT

GENERAL AREA. EXPRESSIVE LANGUAGE

OBJECTIVE # EL C05
OBJECTIVE. THE CHILD WILL MAKE SOUNDS SIMILAR TO B, P, AND M.

*** ACTIVITIES ***

1.1 ENCOURAGE THE CHILD TO PRODUCE SOUNDS. IN YOUR VOCAL PLAY WITH THE CHILD MAKE SOUNDS WHICH ARE VERY EASY FOR HIM TO SEE. SOUNDS SUCH AS P, B, AND M ARE EASILY OBSERVED AND AMONG THE FIRST SOUNDS THAT CHILDREN PRODUCE.

1.2 USE THE SOUNDS SEVERAL TIMES THROUGHOUT THE DAY. FOR EXAMPLE, WHILE FEEDING THE CHILD YOU MIGHT SAY M-M-M JUST BEFORE EACH BITE.

1.3 REWARD ALL ATTEMPTS THE CHILD MAKES TO PRODUCE P, B, OR M.

*** EVALUATION ***

THE OBJECTIVE IS PERFORMED:

A. WITH ASSISTANCE

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

B. IN IMITATION

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

C. INDEPENDENTLY

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

COMMENTS : _____

RURAL INFANT STIMULATION ENVIRONMENT

GENERAL AREA. SELF HELP

OBJECTIVE # SW C01
OBJECTIVE. THE CHILD RUNS WATER OVER HIS HANDS.

*** ACTIVITIES ***

1.1 THIS ACTIVITY SHOULD BE CARRIED OUT AFTER EATING OR AFTER ACTIVITIES SUCH AS FINGER-PAINTING. TELL THE CHILD WHAT YOU ARE ABOUT TO DO, I.E. WASH YOUR HANDS, CLEAN UP.

1.2 TURN THE WATER ON AND MOVE HIS HANDS UNDER THE WATER IF HE DOES NOT MOVE THEM SPONTANEOUSLY. AS YOU MOVE HIS HANDS, TALK ABOUT WHAT YOU ARE DOING.

1.3 RUB YOUR HANDS TOGETHER AND ENCOURAGE THE CHILD TO DO THE SAME. IF NECESSARY GIVE SOME ASSISTANCE.

1.4 AFTER TURNING ON THE WATER, ASK THE CHILD TO WASH HIS HANDS. GIVE VERBAL CUES AS NECESSARY AND REWARD WITH PRAISE.

*** EVALUATION ***

THE OBJECTIVE IS PERFORMED:

A. WITH ASSISTANCE

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

B. IN IMITATION

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

C. INDEPENDENTLY

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

COMMENTS : _____

RURAL INFANT STIMULATION ENVIRONMENT

GENERAL AREA. SELF HELP

OBJECTIVE # SW C02
OBJECTIVE. THE CHILD COOPERATES IN WASHING.

*** ACTIVITIES ***

1.1 WHEN WASHING HIS FACE OR HANDS, TALK TO THE CHILD ABOUT WHAT YOU ARE DOING. TALK ABOUT BODY PARTS, AND IF POSSIBLE, CARRY OUT THIS ACTIVITY IN FRONT OF A MIRROR.

1.2 SHOW THE CHILD THE WASH CLOTH AND LET HIM PLAY WITH IT. IF THE CHILD RESISTS WASHING, LET HIM SPEND A GOOD BIT OF TIME PLAYING WITH IT. MAKE A GAME WITH THE CLOTH, SUCH AS PLAYING PEEK-A-BOO.

1.3 LET THE CHILD ASSIST IN WASHING AS MUCH AS POSSIBLE. GIVE VERBAL PRAISE. SHOW HIM IN THE MIRROR HOW NICE HE LOOKS AFTER WASHING.

*** EVALUATION ***

THE OBJECTIVE IS PERFORMED:

A. WITH ASSISTANCE

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

B. IN IMITATION

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

C. INDEPENDENTLY

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

COMMENTS : _____

RURAL INFANT STIMULATION ENVIRONMENT

GENERAL AREA. SELF HELP

OBJECTIVE # SW C03
OBJECTIVE. THE CHILD WETS HIS OWN WASH CLOTH.

*** ACTIVITIES ***

1.1 EXPLAIN TO THE CHILD THAT IT IS TIME TO CLEAN UP (AFTER LUNCH OR SOME ACTIVITY SUCH AS FINGER-PAINTING). LET THE CHILD ASSIST IN GETTING THE WASH CLOTH. THEN MOVE TO THE SINK.

1.2 LET THE CHILD ASSIST IN TURNING ON THE WATER. ASK HIM TO PUT THE CLOTH UNDER THE WATER. MOVE HIS HANDS UNDER THE WATER IF NECESSARY. PRAISE FOR ANY EFFORTS.

1.3 ENCOURAGE THE CHILD TO WET THE CLOTH WITH NO ASSISTANCE. GIVE PRAISE FOR SUCCESS.

*** EVALUATION ***

THE OBJECTIVE IS PERFORMED:

A. WITH ASSISTANCE

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

B. IN IMITATION

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

C. INDEPENDENTLY

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

COMMENTS : _____

RURAL INFANT STIMULATION ENVIRONMENT

GENERAL AREA. SELF HELP

OBJECTIVE # SW 004
OBJECTIVE. THE CHILD WILL APPLY SOAP TO HIS WASH CLOTH.

*** ACTIVITIES ***

1.1 HAVE THE CHILD WET THE WASH CLOTH.

1.2 POINT OUT THE SOAP TO THE CHILD AND TALK WITH HIM ABOUT WHAT IT IS USED FOR. TO CLEAN UP, TO WASH OUR HANDS. ASK HIM TO PICK UP THE SOAP, OR PLACE IT IN HIS HAND IF NECESSARY. PLACE YOUR HAND OVER THE CHILD S AND RUB THE SOAP OVER THE CLOTH. ASK THE CHILD TO REPLACE THE SOAP IN THE DISH AND GIVE ASSISTANCE AS NECESSARY. FOLLOW THIS ACTIVITY WITH WASHING.

2.1 AFTER THE CLOTH IS WET, ASK THE CHILD TO PUT SOAP ON IT. AFTER HE IS HOLDING THE SOAP, IMITATE THE MOTION HE SHOULD MAKE. PRAISE FOR ANY ATTEMPTS.

3.1 AFTER WETTING THE CLOTH, ASK THE CHILD TO PUT SOAP ON IT. GIVE NO OTHER ASSISTANCE. ENCOURAGE AND PRAISE HIM.

4.1 AFTER WETTING THE CLOTH, THE CHILD SHOULD PUT SOAP ON IT WITHOUT ANY PROMPTING.

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*** EVALUATION ***

THE OBJECTIVE IS PERFORMED:

A. WITH ASSISTANCE

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

B. IN IMITATION

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

C. INDEPENDENTLY

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

COMMENTS : _____

RURAL INFANT STIMULATION ENVIRONMENT

GENERAL AREA. SELF HELP

OBJECTIVE # SW C05
OBJECTIVE. THE CHILD WILL APPLY SOAP TO HIS HANDS WHEN SUPERVISED.

*** ACTIVITIES ***

1.1 AFTER THE CHILD PLACES HIS HANDS UNDER THE WATER, ASK THE CHILD TO PICK UP THE SOAP, GIVING AS LITTLE ASSISTANCE AS POSSIBLE.

1.2 PLACE YOUR HANDS OVER THE CHILD S HANDS AND RUB THE SOAP. ASK THE CHILD TO REPLACE THE SOAP.

2.1 AFTER THE CHILD WETS HIS HANDS AND PICKS UP THE SOAP, MOVE YOUR HANDS IN THE MOTION OF RUBBING SOAP ON THEM. ASK HIM TO DO THE SAME. ENCOURAGE ALL EFFORTS.

3.1 AFTER THE CHILD WETS HIS HANDS, ASK HIM TO PUT SOAP ON THEM. GIVE AS LITTLE ASSISTANCE AS POSSIBLE. PRAISE AND ENCOURAGE THE CHILD.

4.1 AFTER THE CHILD WETS HIS HANDS, HE SHOULD APPLY SOAP TO THEM WITHOUT ANY PROMPTING.

5.1 AN ADULT MAY STILL BE NECESSARY TO PROVIDE SOME ASSISTANCE.

*** EVALUATION ***

THE OBJECTIVE IS PERFORMED:

A. WITH ASSISTANCE

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

B. IN IMITATION

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

C. INDEPENDENTLY

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

COMMENTS : _____
_____
_____
_____
_____
_____
_____
_____
_____

RURAL INFANT STIMULATION ENVIRONMENT

GENERAL AREA. COGNITIVE

OBJECTIVE # C 001
OBJECTIVE. THE CHILD WILL LOOK AT A PERSON MOMENTARILY.

*** ACTIVITIES ***

1.1 WHENEVER APPEARING WITHIN THE CHILD'S VISUAL FIELD, SUCH AS WHEN ENTERING THE ROOM WHERE HE IS, BRING ATTENTION TO ONESELF BY CALLING THE CHILD S NAME, WAVING TO HIM, ETC. PRAISE HIM WHEN HE LOCKS TOWARD YOU.

1.2 WITH YOUR FACE CLOSE TO CHILD S FACE TALK TO HIM AND TOUCH HIM, ENCOURAGING HIM TO LOCK DIRECTLY AT YOU. GENTLY MOVE HIS FACE TOWARD YOURS IF NECESSARY.

*** EVALUATION ***

THE OBJECTIVE IS PERFORMED:

A. WITH ASSISTANCE

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

B. IN IMITATION

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

C. INDEPENDENTLY

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

COMMENTS : _____

RURAL INFANT STIMULATION ENVIRONMENT

GENERAL AREA. COGNITIVE

OBJECTIVE # C 002
OBJECTIVE. THE CHILD STOPS SUCKING TO LOOK AT SOMETHING.

*** ACTIVITIES ***

1.1 DURING FEEDING, HOLD THE CHILD IN A POSITION SO THAT HE MAY EASILY VIEW HIS SURROUNDINGS.

1.2 OBTAIN THE CHILD S ATTENTION BY SHAKING NOISY TOYS, TALKING TO HIM, POINTING TO THINGS, ETC. MOVING OBJECTS SUCH AS MOBILES AND MUSIC BOXES SHOULD BE STRATEGICALLY LOCATED TO GET THE CHILD S ATTENTION.

*** EVALUATION ***

THE OBJECTIVE IS PERFORMED:

A. WITH ASSISTANCE

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

B. IN IMITATION

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

C. INDEPENDENTLY

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

COMMENTS : _____

RURAL INFANT STIMULATION ENVIRONMENT

GENERAL AREA. COGNITIVE

OBJECTIVE # C 003
OBJECTIVE. THE CHILD COORDINATES EYES SIDEWAYS OR UP AND DOWN WHEN WATCHING LIGHT OR OBJECT.

ACTIVITIES ***

1.1 OBTAIN THE CHILD S ATTENTION WITH A COLORFUL TOY OR A LIGHT, ENCOURAGING HIM TO LOOK DIRECTLY AT IT TURNING HIS HEAD AT FIRST IF NECESSARY.

1.2 WHILE MOVING CRINKLED FOIL, A COLORFUL OBJECT, OR A LIGHT TO THE LEFT AND RIGHT AND UP AND DOWN BEFORE THE CHILD'S FACE, ASSIST HIM IN FOLLOWING IT BY GENTLY TURNING HIS HEAD.

1.3 CONTINUE THE ACTIVITY, GRADUALLY DECREASING ASSISTANCE UNTIL THE CHILD FOLLOWS AN OBJECT IN ALL FOUR DIRECTIONS UNASSISTED.

*** EVALUATION ***

THE OBJECTIVE IS PERFORMED:

A. WITH ASSISTANCE

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

B. IN IMITATION

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

C. INDEPENDENTLY

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

COMMENTS : ----------

RURAL INFANT STIMULATION ENVIRONMENT

GENERAL AREA. COGNITIVE

OBJECTIVE # C 004
OBJECTIVE. THE CHILD CRIES DELIBERATELY FOR ASSISTANCE.

*** ACTIVITIES ***

FOR THE FIRST 3 - 4 MONTHS OF LIFE THE CHILD SHOULD RECEIVE ATTENTION EACH TIME HE CRIES DELIBERATELY FOR ASSISTANCE. HOWEVER, IT MUST BE EVIDENT THAT HIS NEEDS ARE LEGITIMATE.

*** EVALUATION ***

THE OBJECTIVE IS PERFORMED:

A. WITH ASSISTANCE

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

B. IN IMITATION

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

C. INDEPENDENTLY

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

COMMENTS : _____

RURAL INFANT STIMULATION ENVIRONMENT

GENERAL AREA. COGNITIVE

OBJECTIVE # C 005
OBJECTIVE. THE CHILD STARTLES TO SOUND.

*** ACTIVITIES ***

POSITION YOURSELF OUT OF THE CHILD'S FIELD OF VISION. CLAP YOUR HANDS OR SLAM A DOOR, OBSERVING THE CHILD'S REACTION. THE MORO REFLEX (ARMS AND LEGS SPREAD SUDDENLY) SHOULD BE OBSERVED THROUGH THE 3RD OR 4TH MONTH.

*** EVALUATION ***

THE OBJECTIVE IS PERFORMED:

A. WITH ASSISTANCE

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

B. IN IMITATION

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

C. INDEPENDENTLY

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

COMMENTS : _____

RURAL INFANT STIMULATION ENVIRONMENT

GENERAL AREA. SOCIAL

OBJECTIVE # S OC1
OBJECTIVE. THE CHILD SHOWS DISTRESS.

*** ACTIVITIES ***

THIS IS A DEVELOPMENTAL MILESTONE WHICH SHOULD BE OBSERVED. THE CHILD SHOULD BEGIN TO SHOW DISTRESS FROM BIRTH TO 1 MONTH OF AGE. ALTHOUGH THIS BEHAVIOR IS TO BE OBSERVED, THIS IS NOT AN OBJECTIVE WHICH WOULD WARRANT SPECIFIC ACTIVITIES.

120

*** EVALUATION ***

THE OBJECTIVE IS PERFORMED:

A. WITH ASSISTANCE

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

B. IN IMITATION

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

C. INDEPENDENTLY

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

COMMENTS : _____

PURAL INFANT STIMULATION ENVIRCNMENT

GENERAL AREA. SOCIAL

OBJECTIVE # S OC2
OBJECTIVE. THE CHILD QUIETS WHEN PICKED UP.

*** ACTIVITIES ***

THIS IS A DEVELOPMENTAL MILESTONE WHICH SHOULD BE OBSERVED. THE CHILD SHOULD BEGIN TO QUIET WHEN PICKED UP FROM BIRTH TO 1 MONTH OF AGE. ALTHOUGH THIS BEHAVIOR IS TO BE OBSERVED, THIS IS NOT AN OBJECTIVE WHICH WOULD WARRANT SPECIFIC ACTIVITIES.

*** EVALUATION ***

THE OBJECTIVE IS PERFORMED

A. WITH ASSISTANCE

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

B. IN IMITATION

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

C. INDEPENDENTLY

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

COMMENTS : _____

RURAL INFANT STIMULATION ENVIRONMENT

GENERAL AREA. SOCIAL

OBJECTIVE # S 0C3
OBJECTIVE. THE CHILD RESPONDS POSITIVELY TO COMFORT AND SATISFACTION, NEGATIVELY TO PAIN.

*** ACTIVITIES ***

THIS IS A DEVELOPMENTAL MILESTONE WHICH SHOULD BE OBSERVED. THE CHILD SHOULD BEGIN TO RESPOND POSITIVELY TO COMFORT AND SATISFACTION AND NEGATIVELY TO PAIN FROM 1 TO 2 MONTHS OF AGE. ALTHOUGH THIS BEHAVIOR IS TO BE OBSERVED, THIS IS NOT AN OBJECTIVE WHICH WOULD WARRANT SPECIFIC ACTIVITIES.

*** EVALUATION ***

THE OBJECTIVE IS PERFORMED

A. WITH ASSISTANCE

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

B. IN IMITATION

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

C. INDEPENDENTLY

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

COMMENTS : _____

PURAL INFANT STIMULATION ENVIRCNMENT

GENERAL AREA. SOCIAL

OBJECTIVE # S 0C4
OBJECTIVE. THE CHILD SMILES BACK AT ANOTHER'S FACE OR VOICE.

*** ACTIVITIES ***

1.1 AS YOU CARE FOR THE CHILD, BE PLEASANT AND TALK TO HIM.

1.2 AS YOU SMILE AND TALK TO THE CHILD REINFORCE HIS SMILES IN RESPONSE TO YOU BY PRAISING AND CUDDLING HIM AS HE SMILES.

*** EVALUATION ***

THE OBJECTIVE IS PERFORMED:

A. WITH ASSISTANCE

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

B. IN IMITATION

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

C. INDEPENDENTLY

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

COMMENTS : _____

RURAL INFANT STIMULATION ENVIRONMENT

GENERAL AREA. SOCIAL

OBJECTIVE # S 005
OBJECTIVE. THE CHILD MAKES EYE TO EYE CONTACT.

*** ACTIVITIES ***

1.1 AS YOU CARE FOR THE CHILD, SMILE AND TALK TO HIM OFTEN.

1.2 REINFORCE ANY ATTEMPTS HE MAKES TO LOOK IN THE DIRECTION OF YOUR VOICE OR FACE BY PRAISING OR CUDDLING THE CHILD.

*** EVALUATION ***

THE OBJECTIVE IS PERFORMED:

A. WITH ASSISTANCE

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

B. IN IMITATION

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

C. INDEPENDENTLY

1 = 0-1 OUT OF 5 TIMES
2 = 2-3 OUT OF 5 TIMES
3 = 4-5 OUT OF 5 TIMES

COMMENTS : _____

APPENDIX I

OVERVIEW OF SERVICES

OVERVIEW OF SERVICES
(REPLICATION SITES)

School/Center	Children Assessed/I.P.P's	Professionals Trained	Paraprofessionals Trained	Parents Trained	Volunteers Trained
Winston Co. A.R.C. Haleyville, Al. Ms. Jean Bullard	16	1	3	13	2
BEACON Project West Blockton, Al. Ms. Mary Ann Moody	46	8	4	26	3
Huntsville Achievement School Huntsville, Al. Ms. Beverly Branson	24	6	1	10	0
Demopolis Achievement School Demopolis, Al. Ms. June Coleman	7	1	1	5	0
Marion County Cerebral Palsy Center Hamilton, Al. Sue Palmer	13	3	5	2	1
Huntsville Public Schools Huntsville, Al. Ms. Norma Bell	25	17	4	1	4
Vivian B. Adams School Ozark, Al. Martha Long	34	5	3	25	0

School/Center	Children Assessed/I.P.P's	Professionals Trained	Paraprofessionals Trained	Parents Trained	Volunteer Trained
Valley Haven School Fairfax, Al. Tony Edmondson	13	3	3	7	0
Jackson Co. Mental Health Child Enrichment Program Scottsboro, Al. LeNore Gattis	17	2	2	0	1
East Central Alabama UCP Center Anniston, Al. Ms. Coley	38	2	3	7	0
Sumter Co. Opportunity, Inc. York, Al. Anthony Jackson	3	10	10	1	0
Marshall Co. Public Schools Guntersville, Al. Gayle Gordon	12	1	2	6	7
Pickens Co. Public Schools Carrollton, Al. Robin Stringer	11	2	2	0	0
Montgomery Children's Center Montgomery, Al. Ms. Anne Ramsey	48	12	4	0	1

School/Center	Children Assessed/I.P.P's	Professionals Trained	Paraprofessionals Trained	Parents Trained	Volunteers Trained
Father Walter Memorial Children Care Center, Montgomery, Al. Cynthia White	27	20	6	1	0
Direction Center Montgomery, Al. Linda Jones	2	1	0	2	0
Madison Park Hope Center Montgomery, Al. Ann Griswell	3	3	2	0	0
McCoy School Birmingham, Al. David Finn	14	5	3	10	3
Huntsville Opportunity School Huntsville, Al. Monte Graham	48	10	10	25	0
Anniston City Schools Anniston, Al. Nancy Wesley	16	10	2	16	0
Center for the Developmentally Disabled of North Central, Al. Georgie Koenig	35	25	10	15	10

School/Center	Children Assessed/I.P.P's	Professionals Trained	Paraprofessionals Trained	Parents Trained	Volunteer Trained
IPIP Pine Bluff, Ark. C. Everette Patton	29	10	3	12	6
Geneva County Day Care Center Geneva, Alabama Jackie Tew	5	3	2	0	0
TOTALS	486	160	85	184	38

APPENDIX J

SUMMARY OF NEEDS

SUMMARY OF NEEDS

The table indicates whether or not the sites previously had the services listed. Numbers indicate the replication sites.

- = no + = yes / = partial

Services	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Sensory Motor Assessments	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Speech and Language Assessments	-	-	-	-	+	+	+	-	-	-	+	+	-	+	/	-	-	+	-	+
Other Assessments	-	+	-	+	+	+	+	-	-	/	+	+	-	-	-	-	+	+	+	+
Formal Curriculum	-	-	-	-	+	+	+	-	-	-	+	+	-	-	-	-	+	-	-	+
Individual Program Plans	-	/	-	-	/	/	/	-	-	+	+	/	/	/	-	-	+	-	-	-
Parent Program	-	+	-	-	-	+	+	-	-	-	+	-	-	-	-	-	+	-	-	—
Staff training in D.P.M.T.	-	-	-	+	-	-	-	-	-	+	+	-	+	+	-	-	+	—	-	-
Sensory-Motor Equipment	-	/	-	-	/	-	-	-	-	-	/	-	-	-	-	-	/	-	-	+

APPENDIX K

CURRENT STATUS OF REPLICATION SITES

REPLICATION SITES

DIRECT SERVICES

Huntsville Opportunity School
Winston County ARC Center
Marshall County Schools - PH Unit
McCoy School
Father Walter Memorial Child Care Center
Valley Haven School
West Alabama Mental Health Center
East Central Alabama UCP Center
Anniston City Schools, M.D. Unit
Vivian B. Adams School

INDIRECT SERVICES

Huntsville Achievement School
Huntsville City Schools, M.D. Units
Hamilton UCP Center
Scottsboro Child Enrichment Center
Beacon Project
Sumter County Head Start
Montgomery Children's Center
Pickens County Schools, M.D. Unit
Pickens County Head Start
Center for the Developmentally Disabled
North Central Alabama

PROJECTED DIRECT SERVICES

Gadsden UCP Center
Bessemer City Schools
Haleyville City Schools
Fayette County Schools

PROJECTED INDIRECT SITES

Hale County Schools, Homebound
West Alabama Mental Health - Eutaw
Shelby County Early Childhood Project
Chambers County Schools, P.H. Unit
V.I.P. Center, Birmingham
Walker County Schools, P.M.R. Unit

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